EECS Thesis/Research/Project Registration

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Semester:	Select one:	Select one:	
Number of credits:			
EECS faculty. If your the	ect work in these courses mussis advisor is not an EECS fact approve the registration. Plea	ılty, your co-chair	
Student Name:	Stud	lent #:	
Phone#:	Student o	Student email:	
Supervising Faculty:	Faculty e	Faculty e-mail:	
Description of Thesis/Project: (Note: Students registering for EE 596 must attach a short syllabus for the planned work) Criteria to be used for assigning grade (to be completed by supervising faculty):			
both the supervising faculty an	g faculty who are not EECS facultymus da committee co-chair, who must be a /tenure-track in EECSor have a jointa	an EECS Graduate	
Supervising Faculty signature:		Date:	
Co-chair signature: (if supervising faculty is not EECS)		Date:	
Student signature:		Date:	
Email completed form with all required	d signatures to: EE grad: LMG183@psu.edu CSE ugrad: ARC88@psu.edu	EE ugrad: gbr6@psu.edu CSE grad: hkm12@psu.edu	
(For office us	e only) Registered by:	Date:	