

## ISE 495 Permission Form

Please read the policies and procedures prior to filling this form. You must consult with your faculty advisor about the title of your study, description, study plan, requirements and expectations. This form is to be approved by your faculty advisor, the Director of the Undergraduate Programs and the Certificate Program Director if you are part of a certificate track. This document is to be submitted to the Director on the deadline dates indicated.

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Email \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Major(s) | Minor(s) | Certificate Program

\_\_\_\_\_

Term/Year of Independent Study \_\_\_\_\_

Title of Independent Study \_\_\_\_\_

Area of Study (Check all that are appropriate)

\_\_\_\_\_ Advanced Manufacturing    \_\_\_\_\_ Health Systems Engineering    \_\_\_\_\_ Human-Systems Engineering

\_\_\_\_\_ Supply Chain and Logistics    \_\_\_\_\_ Systems Analytics and Optimization

Supervising Faculty Member \_\_\_\_\_

Co-Advisor \_\_\_\_\_

Affiliation of Co-Advisor (if other than ISE) \_\_\_\_\_



**Title of the Independent Study**

**Description of Independent Study**

*(Provide a one to two paragraph description of the proposed study, course goal, project/research motivation, objectives and expected results)*

**Pre-requisite Courses Taken For This Course**

*(List all courses you have previously taken to help you work on this independent study)*

**Final Product(s)**

*(Describe the nature of the final product to be completed by the student. This can take the form of technical reports, final presentation, and poster presentation in an undergraduate research symposium.)*



**Project Milestones**

*(List Project Milestones/timetables for your project/research study. A high-level task breakdown structure can be beneficial for planning out your work. Please consult your advisor prior to having this section submitted)*

**Grade Basis**

*(Provide a one to two paragraph description of the proposed study, course goal, project/research motivation, objectives and expected results)*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**EDWARD P. FITTS DEPARTMENT OF  
INDUSTRIAL AND SYSTEMS ENGINEERING**

## Approval Signatures

\_\_\_\_\_  
Supervising Faculty Member (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Certificate Program (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Undergraduate Programs (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date