



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Undergraduate Directed Study (ME 4990 – 1-3 units)

Semester _____ Year _____ Units _____

Student Information

Last Name _____ First Name _____ CIN _____

Phone _____ Email _____

Reason for enrolling in ME 4990

Title of Proposed Project

Brief Description

Approval

Advisor _____ Date _____

Department Chair _____ Date _____