College of Engineering and Science
Electrical and Computer Engineering Department

ECE 4050 Design Projects in Electrical and Computer Engineering Approval Form
[NOTE: This form MUST be completed and submitted prior to registration]

CATALOG DESCRIPTION
ECE 4050 Design Projects in Electrical and Computer Engineering 1-3(0,2-6) Individually defined projects oriented toward providing experience in establishment of objectives and criteria, synthesis, analysis, construction, testing, and evaluation. Develops student creativity through the solution of open-ended problems. Includes individual instruction in design methodology. May be repeated for a maximum of three credits. *Preq: ECE 3300 or 4090, consent of project supervisor.*


STUDENT NAME: Last________________________ First_____________________ Middle___________________

STUDENT ID NO:________________________ USERID: ____________ GPR: Cumulative _____ Engineering ______

ACADEMIC TERM: Year _________ SEMESTER: 08-Fall□ 01-Spring□ 05-1st Summer□ 06-2nd Summer □

CREDITS TO BE TAKEN: _____

PROPOSED DESIGN PROJECT [Maximum 1-3 Credits]
Title:___________________________________________________________________________________________
Description:_____________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
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COMPLETE THIS SECTION FOR APPROVAL TO USE AS:
Number of Elective Credits ___ Is this Course needed for Graduation? Yes □ No □

Undergraduate Program Coordinator’s Approval
Signature __________________________ Date __________________________

NOTE:
While registered for ECE 405, this assignment must be accomplished while under the supervision of a faculty supervisor.

Student Signature __________________________ Date __________________________

Faculty Supervising Special Project Signature __________________________ Date __________________________

Faculty Supervising Special Project Name [printed] __________________________

PLEASE RETURN THIS FORM TO THE UNDERGRADUATE PROGRAM OFFICE [RIGGS 102B]