T MECHANICAL ENGINEERING

UNIVERSITY of WASHINGTON

Complete this form and sign below with faculty approval and signature. Please email the completed form to <u>meadvise@uw.edu</u> or drop off at MEB143.

Permission Request for Independent Research Project Registration

Please use this form to request registration into ME 299/ME 499 independent research credits. If you are looking to receive credits for your participation in an RSO or student club, please do NOT use this form and consult with your club advisor or administrator.

Fill Out			Today's Date:		
Print Full Name:			Student Number:		
ourse Year:	Quarter:				
Choose Your C	ourse and Credits				
	ly or have previously been enr	olled in an ME 3XX course?	Yes No 🤇	C	
If Yes, then you	are eligible for ME 499 credits,	, if No then you must sign u	p for ME 299 cred	its.	
ME 299 Ind	ependent Project — 1-3 credits	nor quarter for a maximum	of 10 crodits CP	/NC # (of credits (1-3)
	count towards a degree requir				
Project Ti					
Project De	escription and faculty expectations:				
ME 499 Spe	ecial Projects — 1-5 credits per o	quarter for a maximum of 1	0 credits. Only 6 c	redits of ME 4	199 (decimally
graded) will	apply to the 19 credit ME Opti	on requirement. Additional	credits or CR/NC	will serve as g	general elective
credits.					
How many	radite of ME 400 do you with to	a take in the coming quarter			
How many o	credits of ME 499 do you wish to	o take in the coming quarter			
	credits of ME 499 do you wish to A, Credit/No Credit (For Genera		?		
○ ME 499	A, Credit/No Credit (For Genera	l Elective Credits) - # of cred	? its:		
○ ME 499		l Elective Credits) - # of cred	? its:		
○ ME 499	A, Credit/No Credit (For Genera B, Decimal Graded (For ME 4XX	l Elective Credits) - # of cred	? its:		
ME 499	A, Credit/No Credit (For Genera B, Decimal Graded (For ME 4XX	l Elective Credits) - # of cred	? its:		
ME 499	A, Credit/No Credit (For Genera B, Decimal Graded (For ME 4XX ^{tle:}	l Elective Credits) - # of cred	? its:		
ME 499	A, Credit/No Credit (For Genera B, Decimal Graded (For ME 4XX ^{tle:}	l Elective Credits) - # of cred	? its:		

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 Faculty Name (Please print clearly)
 I agree to meet the faculty expectations as written above, in addition to meeting specific course requirements and deadlines assigned by the supervising faculty as needed during the quarter.

 Faculty Signature
 Date

 Student Signature
 Date

4. Your Signature – When complete please submit via

3 Take to Faculty for Signature