

## GRADUATE RESEARCH CONTRACT

**This form applies to all Mechanical Engineering graduate level Directed Research, Independent Study or Thesis.**

Name: \_\_\_\_\_

U#: \_\_\_\_\_

Email: \_\_\_\_\_

Select Course:

How many credit hours: \_\_\_\_\_

Semester: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Describe your Project and the semester deliverables:

**Note: Any hours of Independent Study used as a technical elective must contain a reasonable amount of engineering design or scientific investigation.**

The student, by signing this contract, agrees to carry out the project described above under the guidance and requirements of the faculty member signing this form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Please return the completed form to ***GradMEAdvising@usf.edu*** for a permit to register.