

DEPARTMENT OF MECHANICAL ENGINEERING

Permission Request for Special Project Registration

Student Name: _____ Student UW Number: _____

Student E-Mail: _____ Student Phone Number: _____

Circle course, select grade or credit option and provide SLN # for correct quarter

Quarter/Year: _____

ME 499A (CR/NC) SLN # _____	ME 599A (CR/NC) SLN # _____	ME 600A (CR/NC) SLN # _____
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ME 499B (graded) SLN # _____ Number of Credits ____	ME 599B (graded) SLN # _____ Number of Credits ____	ME 600B (graded) SLN # _____ Number of Credits ____
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Faculty Project Adviser Signature: _____ Date: _____

Project Title: _____

Brief description of project:

Describe and justify any use of departmental funds, equipment, shop or other staff services.*
If you will not be requesting any of the above, please circle NA.

Once this form is complete (including Project Adviser's signature) please return it to the Graduate Academic Adviser in ME 143 or via e-mail to megrad@u.washington.edu.
For questions, please call 206.543.7963.

To be completed by ME Department

Graduate Program Coordinator Signature: _____ Date: _____

* Department Chair Signature: _____ Date: _____

Only necessary if departmental funds, etc., are being requested.