Department of Mechanical and Aerospace E	ngineering
Stanicol and Aerospace Entert	
PERMISSION TO ENROLL IN MAE 697-DIRECTED	RESEARCH (1-6)
l, ve Faculty Name (please print name)	rify that I am supervising
the below-named student in course MAE 697. Please giv	
enroll in units of MAE 697 for the	
Student Name:	
Student I.D. #:	
Address:	
Home Phone:	
Work Phone:	
Fax:	
E-Mail:	
Previously enrolled in MAE 697? Yes	No
# of units previously enrolled in MAE 697:	
l understand that MAE 697 can only be enrolled in when required. The graduate advisor must approve a "no thes	
Student Signature	Date
Faculty Supervisor Signature	Date
Graduate Advisor	Date