**ROBO 599/Master’s Independent Study Approval Form**

Student Name:

Penn ID Number:

Semester:

Title:

Brief Description / Abstract:

\*Please attach a more detailed description and supporting project documents/images **Supervisor’s Name (please print):**  **Supervisor Signature**:

Date

# Robotics Advisor Signature (if different):

Date

# Graduate Program Director Signature as needed:

Date

Please submit the form complete with supervisor/advisor signature(s) as an emailed PDF file to Colleen Kennedy at [robo-coord@seas.upenn.edu](mailto:robo-coord@seas.upenn.edu)