This form MUST be processed by the student’s primary major Academic Dean

This form serves as registration for Undergraduate Research and Independent Study courses if all proper approvals are obtained. Eligibility for UG Research/Independent Study is determined by each College; please consult your advisor on eligibility requirements before completing this form.

Term in which you plan to take UR/IS: (circle one) Fall Spring Summer 1 Summer 2 Year: 20_____

Course Information:
Dept. offering course: ___________________ Course #: ___________________ CRN: __________
# of credit hours: _______ A-F or P/F: __________

Title of Project: ______________________________________________________

Description of the study – learning objectives, materials and methods, justification and method of evaluation:
Must include a substantial Description of Study as requested above. Your request will be denied if the information is not included.

Student Information:
Name: _______________________________________________________________ ID #: ______________________
Current Primary Major: ___________________ Secondary Major (if applicable): ___________________
VT E-mail address: __________________________ Local Phone #: __________________________
Overall GPA: _______ In-Major GPA: _______ Total hours passed: __________
Previous UR/IS hours: __________ Planned # of hours this term: __________
(Including this course)

Signatures of Approval: (Obtain in order, ALL must be obtained before processing)
Student: ___________________________________________________________________ Date: __________
Instructor: __________________________________________________________________ Date: __________
Instructor’s typed name and email address: ________________________________________
Instructor’s Program Chair, Dept. Head, or School Director: ________________ Date: __________
Student’s advisor: ___________________________ Date: __________

If this course is to be used towards an Honor’s diploma, please obtain authorized signature from Honors:
__________________________________________________________ Date: __________

CAUS Academic Dean: ___________________________________________ Date: __________

(Academic Dean’s approval obtained and form is processed when form is submitted in 202 Cowgill Hall)

8/2011 rev
Undergraduate Research/Independent Study

Description of Study

Learning Objectives:

Materials and Methods:

Justification and Methods of Evaluation: