



UNDERGRADUATE APPLICATION FOR RESEARCH OR INDEPENDENT STUDY (496/499)

PRIOR to class reservation: Complete this form and obtain signatures of approval.

Name: \_\_\_\_\_ I.D. # \_\_\_\_\_

Address: \_\_\_\_\_
Number and street city state zip

Local Telephone No: \_\_\_\_\_ Proposed date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

DEPARTMENT OR PROGRAM: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

NUMBER OF UNITS (usually 1, 2, or 3 units): \_\_\_\_\_

To be completed during (circle one): Intersession Spring Summer Fall Year: \_\_\_\_\_

Description of Proposed Study: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Description of materials, resources, and methods to be employed: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Brief Syllabus: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Method of Evaluation (to be completed by Faculty Supervisor): \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Conference Dates (if appropriate) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Approved: \_\_\_\_\_
Denied: \_\_\_\_\_
Faculty Supervisor / Print Name / Date

Approved: \_\_\_\_\_
Denied: \_\_\_\_\_
Department Chair/Graduate Program Director / Date

Approved: \_\_\_\_\_
Denied: \_\_\_\_\_
Dean / Date