



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

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

Please note that if an independent study is going to be used to satisfy the upper division 'W' Core requirement, refer to the website http://www.sandiego.edu/core/ (under Resources) for a list of criteria that must be met in order for the course to qualify.

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: Semester _____ 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

Late Add Approval _____ Dean's Initial

Overload Approval _____ Dean's Initial