

**GRADUATE APPLICATION FOR RESEARCH OR INDEPENDENT STUDY (599)**

Complete this form and obtain signatures of approval PRIOR to course enrollment.

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

Address (Number, Street, City, State, and Zip Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone.: \_\_\_\_\_

Proposed Date of Graduation: \_\_\_\_\_

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

DEPARTMENT OR PROGRAM:

\_\_\_\_\_

PROJECT TITLE OR COURSE NAME:

\_\_\_\_\_

NUMBER OF UNITS (Usually 1, 2, or 3 Units): \_\_\_\_\_

To Be Completed During (**circle one**): Intersession Spring Summer Fall Year: \_\_\_\_\_

Description of Proposed Work

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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