



**GRADUATE APPLICATION FOR RESEARCH OR INDEPENDENT STUDY (599/699)**

**Note:** Complete this form and obtain signatures of approval prior to class reservation period.

**Name:** \_\_\_\_\_ **USD ID#** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

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**Department/DegreeProgram:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Number of units (select 1, 2 or 3 units):** \_\_\_\_\_

**Expected completion (indicate term): Intersession/Spring/Summer/Fall Year:** \_\_\_\_\_

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

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

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

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

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**Conference Dates (if applicable)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Denied by:** \_\_\_\_\_

**Faculty Supervisor (Please print and sign your name)**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair/Graduate Program Director (Please print and sign your name)**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

**Deans Office (Please print and sign your name)**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_