

**APPLICATION FOR INDEPENDENT STUDY AND RESEARCH UNITS**

**\*Please allow up to 5 business days to process- Last day to submit this form is the Friday of the third week of instruction\***

**Name (Last, First):** \_\_\_\_\_ **SID#:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Major:** \_\_\_\_\_ **Semester & Year:** \_\_\_\_\_

- Meet with faculty to determine project, requirements, and unit enrollment
- Obtain appropriate faculty signature(s)
- Bring completed form to the CNR Student Affairs Office to be enrolled or obtain permission number to enroll

**Check One Sponsoring Department:**

- |   |   |
|---|---|
| <input type="checkbox"/> EEP (Environmental Economics & Policy)       | <input type="checkbox"/> NST (Nutritional Science & Toxicology) |
| <input type="checkbox"/> ERG (Energy & Resources Group)               | <input type="checkbox"/> PMB (Plant & Microbial Biology)        |
| <input type="checkbox"/> ESPM (Environmental Science, Policy, & Mgmt) |   |

**Check One Option:**

- I am participating in a research project or independent study project with a CNR faculty member.
- I am approved to enroll in units as a DeCal facilitator (98 or 198 Class Number: \_\_\_\_\_ )

**Units:** \_\_\_\_\_ (1-4 units, P/NP only)

(1 unit = 3 hours of work per week during fall and spring or 45 hours for the entire summer) No more than 4 units of independent study can be taken per semester. No more than 16 units of independent study (98/198, 99/199) can be used toward degree.

**Write a brief summary of your proposed research project or internship. If you are accepted to a SPUR project, please fill out the SPUR research form instead. If you are a DeCal facilitator, describe your responsibilities as a facilitator. Attach additional sheet if necessary.**

**Sponsoring Department Faculty Member:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervising Researcher (If different from sponsoring faculty member):**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

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**Class Number:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Permission Number:** \_\_\_\_\_

**Student Services Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_