APPLICATION FOR INDEPENDENT STUDY AND RESEARCH UNITS

*Please allow up to 5 business days to process- Last day for a student to add this course on CalCentral is the 5th week of the semester *

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:

☐ EEP (Environmental Economics & Policy) ☐ NST (Nutritional Science & Toxicology)
☐ ERG (Energy & Resources Group) ☐ PMB (Plant & Microbial Biology)
☐ ESPM (Environmental Science, Policy, & Mgmt)

Check One Option:

☐ Independent Study 99 (lower division standing)
☐ Independent Study 199 (upper division standing, minimum 60 units completed)

Check One Option (if applicable):

☐ I am approved to enroll in units for the Sponsored Projects for Undergraduate Research (SPUR) program
  Please check one: _____Faculty Initiated Project _____Student Initiated Project
☐ 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 list the SPUR title. 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: __________

Class Number: ___________ Section: ______ Permission Number: ___________

Student Services Staff Signature: __________________________________ Date: __________

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