

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:

- | | |
|---|---|
| <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:

- 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:** _____