



Undergraduate Research & Independent Study Request

- This form is to be used for students with a primary major in the College of Architecture & Urban Studies
- Submit completed form to 202 Cowgill Hall no later than the 10th day of classes in the term in which the class is taken.
- This form serves as registration for Undergraduate Research and Independent Study courses if all proper approvals are obtained. Please consult your advisor on eligibility requirements before completing this form. **As of Fall 2016, students may take no more than 12 credit hours of UR/IS as part of their undergraduate degree.**
- **If approval of this request will cause a course overload for the term you will need to submit a course overload request. You will not be registered for the course without overload approval.**

Student ID No:	
Last Name:	First Name:
VT Email:	Cell Phone Number:
Primary Major:	Second Major (if applicable):

Term (Check):	Fall	Spring	Summer I	Summer II	Year:
Academic Level (Check):	FR	SO	JR	SR	
Overall GPA:	In-Major GPA (found on DARS):				
Total Hours Passed:	Previous Number of UR/IS Hours:				
Planned hours this term (including this course):					

<i>To Be Completed By the Instructor: Course Information: All information is required.</i>			
CRN:	Grade Option (check):	A/F	P/F
Dept. Offering Course:	Credit Hours:		
Independent Study (circle): 2974 4974 2974H 4974H	Undergraduate Research (circle):	4994	4994H
Instructor:	Instructor Email:		
Title of Proposed Study:			

The instructor must fill out and attach a brief description of the study to include learning objectives, expected outcomes or products, and the method of evaluation. Students may not write the objectives, outcomes, etc. themselves.

Signatures of Approval: All signatures must be obtained below, in order, prior to being submitted to the Dean's Office in 202 Cowgill Hall.

Student: _____ Date: _____

Instructor: _____ Date: _____

Instructor's School/Department/
Program Chair: _____ Date: _____

Instructor's Academic Dean: _____ Date: _____

Academic Advisor: _____ Date: _____

If this course is to be used towards an Honor's diploma, please obtain authorized signature from the Honors Program: _____ Date: _____

Associate Dean Signature: _____ Date: _____
CAUS Associate Dean of Academic Affairs (202 Cowgill Hall)

Office Use Only:
Date Received: _____ Date Processed: _____ Processed by: _____

To Be Completed By the Instructor:

A brief description of the independent study/undergraduate research must be submitted with this form. This should mirror a course syllabus. Please type the attachment.

I. Learning Objectives (list these out as you would typically see in a course syllabus)

II. Expected Outcomes/Products and Materials used

III. Method of Evaluation (list frequency of instructor/student interactions and how the study or research will be evaluated)