University Studies 220 Gilbert Place, Suite 2001 advising@vt.edu



Date:

Approve or Denied:

UNDERGRADUATE RESEARCH/ INDEPENDENT STUDY AUTHORIZATION: University Studies Majors ONLY!

Courses numbering 2974, 2994, 4974, and 4994

Student Instructions:

Instructor:

After obtaining your instructor's signature, email your form to advising@vt.edu

Office Use Only: Academic Dean of student's signature:

This form is to be used for students majoring in University Studies, only. The completed digital form must be emailed no later than
<i>5pm on the 3rd day of classes to advising@vt.edu</i> . This form serves as registration for Undergraduate Research and Independent
Study courses if all proper approvals are obtained. Eligibility for UR/IS registration is determined by each College; please consult
your advisor on eligibility requirements before completing this form. If approval of this request will cause you to exceed 19 credit
hours for the term, you will need to submit a course overload request. You will not be registered for the course without overload
approval.

Student Information	(To be filled	out by student):			
First & Last Name:		Last 4 of ID:		VT Email:	
Local Phone:		Major:	University Studies	Academic Level:	
Overall GPA:		Total Credits		Previous UR/IS	
		Passed:		hours:	
Planned hours this te	erm (including	g this			
course):					
Course Information	To be filled o	out by student with instructor	r's assistance):		
Dept. Offering Course:		Course Number:		CRN:	
(Ex. UNIV)		(Ex. 2994)			
Credit Hours:		Grade Mode		Term/Year in which y	ou
(note 1 credit=40 hrs)		(A/F or P/F):		plan to take UR/IS:	
Title of Project:					
Method of Evaluation		of the project (To be filled out	Communication:	uctor's assistancej.	
l					
Signatures for approx	val (Roth sign	atures required for submissio	n)·		
Signatures for approv	vai (Dotti Sigii	atares required for subillissio			
				Date:	