

**Virginia Tech**  
**College of Agriculture and Life Sciences**  
Undergraduate Research (UR) / Independent Study (IS) Authorization  
Courses numbering 2974, 2994, 4974, and 4994

**Student Instructions**

- Use the form for your college, not the college offering the course. The college of your primary major will process this form.
- Complete the required information on the second page of this request form. Information should not exceed one page.
- Obtain necessary signatures. This form will not be processed without ALL required signatures.
- **Submit to your major department for processing. This must be done by 5pm on the 3<sup>rd</sup> day of classes.**  
(After this deadline, the form must be submitted to your academic dean for approval.)

This form serves as registration for Undergraduate Research (UG) and Independent Study courses if all proper approvals are obtained. Eligibility for UG Research/Independent Study is determined by each college. Please consult your advisor on eligibility requirements before completing this form.

**Term/Year** in which you plan to take UR/IS \_\_\_\_\_

**For Undergraduate Research, what is the location of research?**

Blacksburg Campus

Roanoke

AREC (Agricultural Research and Extension Center)

Other \_\_\_\_\_ list the location if not one of the above.

**Course Information**

Department Offering Course \_\_\_\_\_ Course # \_\_\_\_\_ CRN \_\_\_\_\_

# of credit hours \_\_\_\_\_ A-F or P/F \_\_\_\_\_

Title of Project \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_ ID#: \_\_\_\_\_

Current Primary Major \_\_\_\_\_ Secondary Major (if applicable) \_\_\_\_\_

VT Email Address \_\_\_\_\_ Local Phone \_\_\_\_\_

Overall GPA \_\_\_\_\_ In-Major GPA \_\_\_\_\_ Total Hours Passed \_\_\_\_\_

Previous UR/IS hours \_\_\_\_\_ Planned # of hours this term (Including this course) \_\_\_\_\_

**Signatures of Approval (obtain in order; all must be obtained before processing)**

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Instructor's printed name \_\_\_\_\_ Date \_\_\_\_\_

Student's advisor \_\_\_\_\_ Date \_\_\_\_\_

continue to next page

***For office use only***

**Departmental Use  
Processed**

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**CALS Department Instructions:** Only enter the courses in your department for students with a CALS major and then submit to CALS Academic Dean for final signature. A copy will be sent back upon confirmation. Majors in other colleges must be entered by that college. The Academic Programs Office will enter courses for CALS majors requesting courses outside of CALS.

Academic Dean of student \_\_\_\_\_ Date \_\_\_\_\_

**All information requested below is required before the class will be added to your schedule.**

**Brief description and objectives of project:**

**Method of Evaluation:**

☐ Reflective Essay

☐ Project Report

☐ Poster

☐ Other:

**Communication with Instructor:**

☐ Lab meetings

☐ Journal activities

☐ Other: