

Virginia Tech
College of Agriculture and Life Sciences

Undergraduate Research / Independent Study Authorization
Courses numbering 2974, 2994, 4974, and 4994

Student Instructions:

- Use the form for your college, not the college offering the course.
- Type the required information on the second page of this request form. Information should not exceed one page.
- Obtain necessary signatures.
- Conflict of Interest training is **required by every student participating in an externally funded UR**, the timing of which is determined by the nature of the research. Explanation of this requirement can be found at <http://www.research.vt.edu/announcements/conflict-interest-training-requirement>.

Registration for training can be found at <https://www.citiprogram.org/>

☐ This is a PHS (Public Health Services project, specifically NIH, CDC, & FDA; as such we understand the student must complete Conflict of Interest training **before** the student begins any work on the project. Date training was completed: _____

☐ This is a non-PHS (Public Health Service) project; we understand the student must complete Conflict of Interest Training within the first 30 days of classes for the term in which the student is earning credit for this project. Date training was/will be completed: _____

☐ This is NOT an externally funded project, thus the COI training is not necessary for student.

- Submit to your major department for processing. This must be done by 5pm on the 3rd day of classes. (After this deadline, form must be submitted to your Academic Dean for approval)

This form serves as registration for UG Research 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 _____

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 _____

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: