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 ___________________________

Instructor’s department head ___________________________ Date ___________________________

If this course is to be used towards an Honor’s diploma, please obtain authorized signature from Honors.

Honors ___________________________ 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: