Virginia Tech College of Natural Resources and Environment
Undergraduate Research/Independent Study/Field Study/Internship
(Courses numbering: 2974, 4974; 2994, 4994; 2964, 4964; 3964)

This form MUST be processed by the student’s primary major Academic Dean.

This form serves as registration for UG Research, Independent Study and Field Study/Internship courses if all proper approvals are obtained. Eligibility for UG Research/Independent Study/Field Study/Internships 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: _______ Check grading method A-F _______ or P/F _______

Title of Project: ________________________________
(A brief description of the study - objective, materials and methods, justification and method of evaluation must be attached.)

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 ______________

Instructor’s Department Head ______________________________ Date ______________

Student’s advisor ________________________________________ Date ______________

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

Date ______________

Academic Dean of Student ______________________________________ Date ______________

(Submit form to 138 Cheatham.)