

## 2025-26 Undergraduate Level Independent Research

*Student: Please fill out form electronically including typing your name in the Student Signature field, then send form to the CHST scheduling officer ([aljldc@rit.edu](mailto:aljldc@rit.edu)) for additional processing.*

Name: \_\_\_\_\_

UID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Major: \_\_\_\_\_

Course Number:

Faculty Sponsor Name: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Lab Access Needed:

Online

In-person

Blended

Semester:

Session:

Number of Credit Hours:

1. Objective(s):

2. What will be done in this Independent Study/Research and how will it be done?

3. Method of Evaluation and Deliverables:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

APPROVALS

Faculty Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Department/School Head: \_\_\_\_\_ Date: \_\_\_\_\_

---

Office Use Only: Class Number

Course/Section Number

Registered