

## 2026-27 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 Research and how will it be done?

3. Method of Evaluation and Deliverables:

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

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APPROVALS

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

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

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Office Use Only: Class Number

Course/Section Number

Registered