Virginia Tech – Pamplin College of Business  
Independent Study/Undergraduate Research  
(Courses numbering: IS/UR – X974, X994)  
Variable Credit course

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

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 IS/UR:____________________

Course Information:

Dept. offering course:__________________ Course #:_________________ CRN:_______________________

# of Credit Hours: ____;  A-F or P/F;  Substitution for Dept/Course #:________________(if needed)
(Circle One)

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 # of hours this term)

Signatures of Approval:  (Obtain in order, ALL must be obtained before processing)

Student:________________________________________________________________ Date:_______________

Instructor:______________________________________________________________ Date:_______________

Instructor’s typed name and email address:______________________________________________________________

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 Instructor:____________________________________________ Date:_______________

Academic Dean of Student:____________________________________________ Date:_______________

Due 5pm on the 5th day of the term