Name: __________________________________________ Date: ____________
E-mail: ________________________________________ SID: ____________
Registered in College/School of ______________________________________
Major: ________________________________________________

Semester for UGBA 199: ☐ Fall ☐ Spring 20___
Units: ______
Faculty Sponsor’s Name: ______________________________________

NOTE: THIS INDEPENDENT STUDY IS FOR ACADEMIC CREDIT ONLY, NOT FOR INTERNSHIPS, FIELD WORK, ETC.

Please attach a description of the proposed project, indicating how this course of study will be accomplished and evaluated. Include a time line and information about the hours that will be spent on each component.
*A description does not need to be attached if you are a UGBA 198 (DeCal) facilitator.

As the supervisor of this project, I verify that I have reviewed and approved the attached proposal and that I will have regular meetings with the student to monitor progress, guide the student’s work and submit grades.

__________________________  Signature of Faculty Sponsor

Students should check their CalCentral for enrollment into UGBA 199.

Petition: ☐ approved  ☐ denied

Undergraduate Program  Date

Section No.  Class No.

Updated 03/2019