Independent Study / Research for Credit
Department of Social and Decision Sciences

Student Name: ________________________________________________

Andrew ID: __________________ Class: __________________ Major: __________________

Fall ______ Spring ______ Summer ______ Year: 20____

_______ 88-398 SDS Independent Study
  Students conduct independent academic study under the supervision of a Social & Decision
  Sciences faculty member.

_______ 88-399 SDS Undergraduate Research
  Students conduct research under the supervision of a Social & Decision Sciences faculty member.

_______ 88-499 SDS Advanced Undergraduate Research
  Students conduct research at an advanced level under the supervision of a Social & Decision
  Sciences faculty member. This option is usually reserved for seniors, and is typically not for
  students who have not conducted research previously.

To be completed by the SDS faculty member:

Description of the work/research to be done: ___________________________________________________________
                                                                                                    ________________________________________________________________________________
                                                                                                    ________________________________________________________________________________
                                                                                                    ________________________________________________________________________________
                                                                                                    ________________________________________________________________________________

Beginning/end dates of the project? ________________________ Hours per week? _________________

Each unit of credit is equivalent to the student averaging one hour per week for each week in a standard CMU semester
on direct, project-related activities.
How many units (may not exceed number of hours per week and may not exceed 9 units): __________

Faculty member’s name (print): ______________________________________________________________________

Signature: ________________________________________________________________________________________ Date: __________________

If also working with a graduate student, please print the name and andrew id: _________________________________

After form is complete, submit to Connie Angermeier, Porter 208A for department approval and registration.

SDS Department Approval: ____________________________________________ Date: __________________

Registration course number, section and units: ____________________________________ S3 Entry: ________