ARCADIA UNIVERSITY

Application for Undergraduate Independent Research/Internship

Term: (fill in the year): Fall__________ Spring__________ Summer__________

Student: ____________________________________________________________

Last Name __________________________ First Name __________________________ MI ______

Major: ____________________________ Advisor: ____________________________

Department Sponsoring the Independent Research/Internship: ________________

Course Number/Title: __________________________________________________

Please attach a 1-2 page proposal which addresses the following points:

- Detailed Description of Independent Research/Internship
- Student work to be produced during Independent Research/Internship
- Schedule of work per week (# of hours of work type)
- Schedule of meetings with Faculty Mentor
- Grading metrics
- Does this Independent Research/Internship fulfill major/minor requirements?
- Please explain the reason that this Independent Research/Internship is necessary for your coursework/career plans/interests.

Departmental Approval: Yes / No

Number of Credits: ______

Student must obtain signatures of:

1. Dept. Chairperson

Print Name __________________________ Signature __________________________ Date ____________

2. Faculty Supervisor/Instructor

Print Name __________________________ Signature __________________________ Date ____________

Student then takes form to the Dean of the College for signature.

Print Name __________________________ Signature __________________________ Date ____________

The form will be taken to the Registrar’s Office for processing.