STUDENT INFORMATION
Name:______________________________________________________SID#_________________

Email_________________________________________@uci.edu PH-198/199 units completed:_________Quarter(s)_____________

Faculty/Supervisor’s name (Print):_______________________________________________________

Title of research project and reason for petition:
_________________________________________________________________________________
_________________________________________________________________________________

Presentations, Publications and/or Awards resulting from the research:
_________________________________________________________________________________
_________________________________________________________________________________

Required Documents
1. Attach detailed report of the research project.
2. Attach a sealed letter of recommendation from the faculty/supervisor, describing your role/participation in the research project. The research must be at least 4 units (one course)

Student’s Signature__________________________________________Date:_____________________

FACULTY INFORMATION

It is the opinion of faculty members who have supervised, mentored, or reviewed the research conducted by (student) _____________________________ that it substantively contributes to their undergraduate education.

Faculty/Supervisor’s Name (Print)__________________________________________________

Faculty/Supervisor’s Signature________________________Units________Date:_____________

STUDENT AFFAIRS OFFICE ONLY

[ ] Approved  [ ] Deny

Received by Student Affairs Office:__________________________________Date:___________

Undergraduate Student Affairs Counselor:_____________________________Date:___________

Faculty/Chair Signature: __________________________________________Date: ___________