

**DEPARTMENT OF CITY AND REGIONAL PLANNING: PETITION FOR INDEPENDENT STUDY**

**DIRECTIONS:** Complete this form ELECTRONICALLY with the faculty member's DIGITAL signature confirming their sponsorship of your independent study unit(s) and send the form back to one of the Graduate Advisors: [Clay](#) or [Kathleen](#). After your form is received, Clay/Kathleen will email you the course number(s) to enroll through [CalCentral](#). The original form will be placed in your electronic student file.

**MASTERS AND DOCTORAL STUDENTS:**

Course Number	Title	Description	Units Allowed Per Semester	Grading Option
CYPLAN 295 <sup>1</sup>	Supervised Research	Employment as a GSR	1-2	S/U only
CYPLAN 297 <sup>1</sup>	Supervised Field Study	Completion of Internship(s)	1-2	S/U only
CYPLAN 299 <sup>1</sup>	Individual Study or Research	Employment as a GSI	1	Letter Grade or S/U
		MCP Professional Report	1-3	Letter Grade or S/U
		MCP Thesis	1-4	Letter Grade or S/U
		Doctoral Research: Pre/Post Candidacy	1-12	Letter Grade or S/U
		Doctoral Research: In Absentia	1-12	Letter Grade or S/U

**DOCTORAL STUDENTS:**

Course Number	Title	Description	Units Allowed Per Semester	Grading Option
CYPLAN 602 <sup>2</sup>	Individual Study for Doctoral Students	Doctoral Research: Pre Candidacy: Preparation for Exams	1-8	S/U only

<sup>1</sup>MCP students are allowed to have a **MAXIMUM of 6 units of 299 and 3 units of 295/297 applied towards their degree.**

<sup>2</sup> Ph.D. students are allowed to have a **MAXIMUM of 8 units of 602 per semester (total of 16) applied towards their degree.**

**STUDENT NAME:** \_\_\_\_\_ **SID:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **Term:**  Fall  Spring  Summer **YEAR:** 20\_\_\_\_\_

Course Number	Units	Grading Option: Letter Grade or S/U	Course Description: Describe the nature of your work.
CYPLAN 295		<input type="radio"/> S/U	
CYPLAN 297		<input type="radio"/> S/U	
CYPLAN 299		<input type="radio"/> Letter Grade <input type="radio"/> S/U	
CYPLAN 602		<input type="radio"/> Letter Grade <input type="radio"/> S/U	
<b>TOTAL UNITS</b>			

**FACULTY NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Course Number	Class Number	Processed By:	Date:
CYPLAN 295			
CYPLAN 297			
CYPLAN 299			
CYPLAN 602			