Ph.D. IN CITY AND REGIONAL PLANNING: PETITION FOR INDEPENDENT STUDY

<u>INSTRUCTIONS</u>: Complete this form <u>ELECTRONICALLY</u> with DCRP faculty advisor's <u>DIGITAL</u> signature confirming their sponsorship of your independent study unit(s) and email the completed form to the GSAOs: <u>dcrpgrad@berkeley.edu</u>. After your form is received, Clay/Kathleen will email you the course number(s) to enter directly into your Shopping Cart and enroll through <u>CalCentral > My Academics</u>. Please save a copy of your petition for your records and the GSAOs will save the original copy to your electronic student file.

| Course Number | Title | Description | Units Allowed/ Semester | Grading Option |
|-------------------------|---------------------------------|--|----------------------------|---------------------|
| CYPLAN 299 | Individual Study or Research | Employment as a GSI/Reader Pre-Candidacy: Independent Research Pre-Candidacy: Preparation for Exams Post-Candidacy: Independent Research Post-Candidacy: Writing of Dissertation | 1-12 | Letter Grade or S/U |
| CYPLAN 602 ¹ | Individual Study or Research | Pre-Candidacy: Preparation for Exams | 1-8 | S/U only |

¹Ph.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: _____

GRADUATION TERM: FALL 20___ SPRING 20___

CURRENT TERM: FALL 20____ SPRING 20____

| Course Number | Units | Grading Option: Letter Grade or S/U | Course Description: Describe the nature of your work. |
|---------------|-------|--|---|
| CYPLAN 299 | | | |
| | | | |
| CYPLAN 602 | | | |
| | | | |
| TOTAL UNITS | | | |

DCRP FACULTY NAME: _____

SIGNATURE: _____

FOR OFFICE USE ONLY:

| Course Number | Class Number | Processed By: | Date: |
|---------------|--------------|---------------|-------|
| CYPLAN 299 | | | |
| | | | |
| CYPLAN 602 | | | |
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