**Instructions:** Seek supervision for your 199RA from an Art faculty member. Complete form and have Instructor complete instructor portion and sign below. Bring to Undergraduate Advisor in Art Dept. for further processing. After this petition is approved by the Chair of the department and filed with the Art Dept., you must officially enroll in 199RA over GOLD (or at the Registrar) with an approval code from the office.

**Qualifications:** 199RA courses are open only to upper-division students who have at least a 3.0 grade point average (for 3 preceding quarters), who can demonstrate their qualifications for independent study in the chosen field (normally completion of at least two upper-division courses in the same field).

199RA Requested for: Quarter _______ Year _______ Instructor __________________________

Total Units Requested (limit 5): _______ ** (Read the fine print below!!)

**Art majors are limited to five units per quarter, and 16 units total all 199 courses combined, subject to the restrictions, if any, of each department involved. A maximum of 8 total units may be taken in 199RA. Students considering more than five units of 199/199RA work in the same quarter must complete a Request for Exception to Independent Study Limits Form available at the College of Letters and Science. This form must be approved by L&S prior to enrollment in these classes.

Name ___________________________ Perm # ____________ Date ______________

Address ___________________________ Phone __________________________

Email ___________________________ GPA ______ College units completed to date_____

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**Proposal for Independent Research:**
(Student, provide a thorough description of your project for faculty review.)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

(Please use the back if you need more space)

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**Instructor:** Proposed meeting schedule is as follows:

_______ meetings per quarter for ____ hour(s) per meeting, beginning on ____________ and ending on ______________ (date) (date)

**Course Requirements:** (Instructor, please describe all expected reading, research, papers, exams, projects, completed artwork, etc. required for this course.)

_____________________________________________________________________

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1. ___________________________ 2. ___________________________

   Student’s Signature   Instructor’s Signature

3. ___________________________ 4. ___________________________

   Chairman’s Signature   Instructor’s Name PRINTED

   (Chair’s signature will be secured by advisor)

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199RA Research Asst Form.doc located in Reception/192199199RA