### Undergraduate Research/Independent Study Form

### INTRODUCTION

This form is for students whose primary major is in the College of Science.

Please note:

This form is for variable credit courses numbering: 2964, 2974, 2994, 4964, 4974, 4994.

#### Step 1:

Develop a plan for the kind of experiential learning you want with the guidance of a faculty supervisor. You should agree on the nature of the experience, what kind of involvement it requires of you, the kind of grading scheme that best fits your objectives, and how many credits it will earn you.

#### Step 2:

Complete this form which will then be forwarded to your faculty supervisor for approval. The form is then forwarded and approved by your academic advisor and the academic dean of the College of Science.

#### **Experiential Course Descriptions**

<u>Field Study (2964/4964)</u>: work/research experiences to supplement traditional classroom activities. The student is evaluated on the knowledge and skills acquired as a result of the experience. Emphasis is placed on the academic and practical value of the work. P/F ONLY (Note: you are only allowed to count 12 P/F credits toward your graduation requirements).

<u>Independent Study (2974/4974)</u>: extensive reading and tutorial sessions with a faculty supervisor on a topic or other scholastic focus. Usually involves a written paper/review/synthesis relevant to the topic (P/F or A/F).

<u>Undergraduate Research (2994/4994)</u>: individual/group research projects carried out by students under faculty supervision. The student and faculty supervisor decide on the project, how the student is to participate in the research, and the graded product. Usually involves active participation in a research domain including data collection, data analysis, literature review, conference presentations, and/or manuscript writing (P/F or A/F).

Which of these describes your experiential learning course?

x In person/hybrid

Online only

Last update: 07/13/21

## Undergraduate Research/Independent Study Form

#### STUDENT INFORMATION

Please enter your information:

Full Name: Daniel Palamarchuk

ID number (last 4 digits only):

5707

Select your academic level:

Fourth year and beyond (90+ credits)

Is your overall GPA 2.5 or greater?

x Yes

No

VT email:

d4n1elp@vt.edu

Select your current primary major:

Computational Modeling and Data Analytics

Is your in major GPA 2.5 or greater?

x Yes

No

How many experiential learning credits have you already acquired?

0

#### **COURSE INFORMATION**

Enter the following information for your experiential learning course.

Department designation:

**CMDA** 

If other, please complete the college and department information:

College:

Department designation:

Select the class number: Experiential learning CRN: 13002

4994 (You can find the CRN in the timetable of courses or by

contacting your academic advisor).

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## Undergraduate Research/Independent Study Form

### COURSE INFORMATION (Continued)

Select the number of credits for this course:

2

Select the grading method:

x A/F

P/F

Are you taking this course for honors credit?

Yes

χ Νο

Including this class, will you be enrolled in more than the maximum enrollment hours (19 hours for Fall and Spring semesters; 18 hours for all parts of a summer term)?

Yes Complete Request for Overhours Form

x No

#### **DESCRIPTION OF PROJECT**

Title of project: Building Visual and Numerical Summaries from Legislative Data on Energy and Climate Bills in the VA Legislature

Method of graded evaluation (check all the apply):

Student will assist in study recruitment

Student will assist in data collection

x Student will assist in data preparation and analysis

Student will engage in extensive reading (e.g., literature review) that results in written submission

(e.g., annotated bibliography)

Student will give a formal presentation to their lab/research group

Student will give a presentation talk or poster at a research meeting and/or conference

X Student will write a paper on the project that is submitted to the instructor/supervisor

Student will contribute to a manuscript for publication

(For TAs or LAs only) Student will complete necessary training, tasks, and obligations of the course Other

If other, please describe your method of graded evaluation:

COSFORMS@VT.EDU • 540-231-5422

# Undergraduate Research/Independent Study Form

#### **SIGNATURES**

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I authorize the College of Science Dean's Office to change the information on this form as approved by my department or academic advisor.

Student signature: Docusigned by: 12/17/2021 | 17:17 EST

Daniel Palamarchuk

Review the information for your research supervisor:

Instructor name: Christian Lucero Instructor VT email: chlucero@vt.edu

Review the information for your academic advisor:

Advisor name: Charlotte Parks Advisor VT email: crobrtz@vt.edu

#### **Research Advisor:**

I agree to serve as research supervisor for the student and experience listed in this form.

Research supervisor signature:

Do you require departmental approval?

Yes

No

If yes, please provide the following information for your departmental approver:

Department approver name: Approver VT email:

#### **Academic Advisor:**

I have reviewed this form for accuracy and approve the experience listed in this form for the indicated student. Academic Advisor signature:

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#### **Certificate Of Completion**

Envelope Id: 42711506A724409A890ACD260EE3F389

Subject: College of Science Undergraduate Research/Independent Study Form

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Christian Lucero chlucero@vt.edu

Security Level: Email, Account Authentication

(None)

#### **Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Charlotte Parks crobrtz@vt.edu

Security Level: Email, Account Authentication

(None)

#### **Electronic Record and Signature Disclosure:**

Accepted: 8/27/2021 5:55:39 PM

ID: b4b8da1a-769f-4269-9194-c1bc328a35a6 Company Name: College of Science

Michel Pleimling pleim@vt.edu

Security Level: Email, Account Authentication

(None)

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Status

Timestamp

**Timestamps** 

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**Electronic Record and Signature Disclosure** 

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

#### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact College of Science:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: cosforms@vt.edu

#### To advise College of Science of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at vshastry@vt.edu and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to cosforms@vt.edu and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

#### To withdraw your consent with College of Science

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to cosforms@vt.edu and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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#### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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