

UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM  
**SPECIAL STUDY PROJECT**

Name: \_\_\_\_\_

UC ID number: \_\_\_\_\_

Country/Host University: \_\_\_\_\_

Year/Term: \_\_\_\_\_

Home campus: \_\_\_\_\_

Units requested: \_\_\_\_\_

Major: \_\_\_\_\_

Hours per week by student: \_\_\_\_\_

Subject area of project: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Type of Project:  Independent Study  Internship

**DESCRIPTION:** Supply summary and attach a full project description.

**SUPERVISION:** Faculty member responsible for evaluating work:

UC faculty  Host University faculty  Other \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Scheduled consultation time: \_\_\_\_\_

Title: \_\_\_\_\_

(hours per week and number of weeks)

Degree(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Where conferred: \_\_\_\_\_

**EVALUATION:**

Work to be submitted for grade: \_\_\_\_\_  
(e.g., term paper with required number of pages, lab notebook, field report, etc.)

Work is to be completed by this date: \_\_\_\_\_ (date must be within term)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Study Center Representative Signature

\_\_\_\_\_  
Date