

# DEPARTMENT OF PSYCHOLOGY

## Independent Reading/Research Contract

ONE COPY TO:  
Student  
Faculty  
Department

### Course Information

Academic Term                      Fall                      Winter                      Summer                      Year: \_\_\_\_\_

Course Number	1 credit	2 credits	3 credits
Undergraduate Individual Reading	397	398	399
Undergraduate Individual Research	497	498	499
Graduate Individual Reading	697	698	699
Graduate Individual Research	797	798	799

FOR OFFICE USE ONLY  
Registration CRN: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ EID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Faculty Supervisor Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Grading

Performance of Activity                      Normal Grading                      Course Grade: \_\_\_\_\_  
Completion of Product                      Pass/Fail

Describe specifically the activity, project, or product on which the course grade will be based and how the grade will be determined. Attach additional sheets if necessary.

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Regular Meeting Time: \_\_\_\_\_ Project Due Date: \_\_\_\_\_

### Signatures

The student and faculty supervisor have read and agree to the terms and specifications of this contract as well as to Department and University guidelines and rules regarding independent reading/research courses.

Student: \_\_\_\_\_ Faculty Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_ Department Head: \_\_\_\_\_