

DEPARTMENT OF PSYCHOLOGY

Independent Study/Research Contract

ONE COPY TO:
Student
Faculty Member
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

(For Office Use only): Registration CRN _____

Student Information

Name: _____ E Number: _____

Phone Number: _____ E-Mail Address: _____

Faculty Supervisor Information

Name: _____ Phone Number: _____

E-Mail 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.)

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 Departmental and University guidelines and rules regarding independent study/research courses.

Student: _____ Faculty Supervisor: _____

Date: _____ Department Head: _____