PSYCHOLOGY 484 CONTRACT

Student’s name_____________________________________ UIN_________________

Major _____________________________________________________________

Phone #____________________________ email_________________________________

Semester ____________ Supervising Faculty (please print) ____________________

Credit Hours: 3

Briefly state the topic area to be covered: ____________________________________
______________________________________________________________________

What activities are required by the student (e.g., library research, experimentation, etc.)? List readings, methodologies, and duties to be fulfilled (as applicable).
______________________________________________________________________
______________________________________________________________________

Specify additional determinants of the student’s a grade (S/U only). ______________
______________________________________________________________________

Supervising faculty signature ____________________________________________

_______________ (date)

Graduate student signature ____________________________________________

_______________ (date)

Student signature ____________________________________________

_______________ (date)

STUDENT must take completed form to Milner Room 205 between 8am and noon DURING OPEN REGISTRATION to be forced into this course. Completion of this form does NOT register you for the course.