PSYCHOLOGY 484 CONTRACT

Student’s name_____________________________________ UIN_________________

Major ____________________________________________________________

Phone #____________________________ email____________________________

Semester ____________ Supervising Faculty (please print) ________________

Credit Hours: (0-3 hours)____ hrs.

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.