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 RM 244 between 8am and noon DURING OPEN REGISTRATION to be forced into this course. Completion of this form does NOT register you for the course.