PSYCHOLOGY 484 HONORS 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)

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.