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 8-11:30AM DURING OPEN REGISTRATION to be forced into this course. Completion of this form does NOT register you for the course.