PSYCHOLOGY 484 CONTRACT

Student’s name____________________________________ UIN_________________

Major __________________________________________________________________

Phone #________________________ email____________________________________

Semester: Fall__Spring__Summer 1__Summer 2__10 weeks__

Supervising Faculty (please print) ____________________

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

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 (REQUIRED) _________________________________

_________ (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.

**When registering for 1-3 credit hours, you will be billed for this course. Please contact Student
Business Services for more information.**