PSYCHOLOGY 484 HONORS 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)

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.