PSYCHOLOGY 485 HONORS CONTRACT

Student’s name____________________________________ UIN_________________

Major  ________________________________________________________________________

Phone #________________________ email_________________________________________

Semester: Fall__Spring__Summer 1__Summer 2__10 weeks__

Supervising Faculty (please print) ____________________

Credit Hours: (0-3hours)_____ 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 8-11:30AM 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.