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)

STUDENTS may email this contract to PSYCADVISING@TAMU.EDU 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.