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.