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)

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.