

PSYCHOLOGY 484 CONTRACT

Student's name _____ UIN _____

Major _____

Phone # _____ email _____

Semester _____ Supervising Faculty (please print) _____

Credit Hours: (0-3 hours) _____ hrs.

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 _____

_____ (date)

Graduate student signature _____

_____ (date)

Student signature _____

_____ (date)

STUDENT must 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.