|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Complete this form if you want to enroll in a psychology independent study course. Return this form to the department secretary, Ms. Deal (1-03 Arts & Sciences).* | | | | | | | | | | | | |
| **Section 1 – Please read** | | | | | | | | | | | | |
| Course description | | Individually arranged advanced study in a special area of psychology, including laboratory apprenticeships not addressed in regular classes. | | | | | | | | | | |
| Requirements | | * Must be a psychology major * Must have permission of the department Chairperson * Must make prior arrangements with a supervising faculty member | | | | | | | | | | |
| Specifications | | 1 – 4 credits; Satisfactory/Unsatisfactory grading | | | | | | | | | | |
| Instructions | | * Complete sections 2, 3, and 4 (with supervising faculty) * Obtain appropriate signatures | | | | | | | | | | |
| **Form Due Date** | | **Chair approval must be obtained by the last day of registration of the proposed independent study.** | | | | | | | | | | |
| **Section 2 – Please type** | | | | | | | | | | | | |
| Name: | | | | | | | | | Date: | | | |
| Phone number: | | | | | GC Email: | | | | | | | |
| **Section 3** | | | | | | | | | | | | |
| PSYC 4940 Semester: | * Fall * Spring * Summer | | | PSYC 4940 Year: | | | PSYC 4940 credit hours: | | | * 1 * 2 | * 3 * 4 | |
| All requirements for PSYC 4940 will be completed by: | | | | | | | |  |  | | |  |
| Month | Day | | | Year |
| **Section 4 – Please type** | | | | | | | | | | | | |
| Supervising Faculty Name: | | | | | | | | | | | | |
| Study Topic: | | | | | | | | | | | | |
| GC Banner Title (29 character max): | | | | | | | | | | | | |
| List the course learning objectives: | | | | | | List how you will study this topic: | | | | | | |
| List how your performance will be evaluated: | | | | | | | | | | | | |
| **Section 5** | | | | | | | | | | | | |
| *I agree to supervise the independent study course proposed above.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervising faculty member’s signature Date | | | | | | | | | | | | |
| Chairperson’s Appraisal | | * Approved * Rejected | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chairperson’s signature Date | | | | | | | | | |

**PSYC 4940 Independent Study Contract**

**Major Form**

**r Form**