AGREEMENT FOR INDEPENDENT STUDY/DIRECTED RESEARCH
PSYCHOLOGY DEPARTMENT

Circle the Course Number: 499 599 697
Name ____________________________________________

Semester and Year __________________________ Phone # ________________________________
Class # _______ No. Units _____ Email ____________________________________________

(Class # will be assigned by the department.) Yr in School _______ Campus ID# ______________

STUDENT: Submit signed form to the Department Office by the end of third week of instruction.

1. Title of project and general statement of goal of the study.

2. Describe the specific tasks you will undertake for this project, e.g., reading, experiments, field work, papers, etc.

3. What will be the nature of the final report? (It should be in writing, unless this is inappropriate for some reason which is explained here.)

4. Your preparation for this project (courses, work or research experience).

FACULTY: Fill in before submitting to the Department.

What standards will you, the instructor, use to evaluate and grade the student’s work?

FACULTY AND STUDENT:

We, the undersigned student and instructor, agree to the above description of the project and agree also that a copy of the full report describing the completed project (see item #3 above) will be submitted to the instructor, and another copy filed with the Department Office, before the final grade is keyed by the Department.

Signature of Student _______________ Date _______________ Signature of Instructor _______________ Date _______________

Print Instructor’s name: ____________________________________________

Proposal approved by the department representative ____________________________ Date ________________

To be completed at the end of the semester by the instructor and returned to the department representative with the full report. The final report will stay on file in the Department office for 2 years, and then be returned to the instructor.

Grade assigned _______________ Date _______________ Signature of Instructor ________________

Report accepted by Department representative ________________ Date ________________

Distribution: Original for department and copy for student. Generate faculty copy at end of semester.