Psychology Independent Study Application

Pick Course:	Option	Se	mester	7	Year	
Complete Section A then sign this form. Have your Psychology faculty sponsor helf you fill out Section B, sign, then take this form to the Psychology Department Office for your permission number.						
Section A:	Last Name:		Phone #			
	First Name:					
Student ID #:			Major:			
Email:			Minor:			
	Total of Units Completed Previous Units of 499/699			GPA in Major:		
				Overall GPA:		
List your stud Course #	dent courses for the curre Course Title	nt semester: Units	: Course #	Course Title	Units	
Section B: 1. Objective(s	s) of project.					
2. Method to be used.			Other:			
3. Departmental support needed			Other:			
4. Conference dates when you will meet with your sponsor.						
5. Due date(s) for report(s). Enrollment in Independent Study is only by consent of a full-time Psychology professor. The full-time faculty member acts as a sponsor of your project AND allows permission from the department. This form must be completed by you and signed by your sponsor PRIOR to registering for the course. This is a Psychology Department contract only. It does not register you for this course in the University. You must also go through the regular registration procedures for each semester. Independent Study students are expected to put in THREE hours of study each week for every ONE credit. By filling out and signing this form, you agree to be bound by this agreement.						
Student Signature: Date:						
Sponsor Signature:				Date:		
To Be Filled In By Office Staff:						
	Class #		Permi	ssion Number		