

Department of Psychology-Continuous Registration Permission Form for Research Experience: Cover Sheet

Student's Home College: _____

Student's Academic Level and Status: _____

(Senior, Junior, sophomore or First-year)

(Print Student's Name)

(Student's SU ID number)

In the _____ semester, the student listed above has permission to enroll in (please circle one of the following):

PSY291	PSY292	PSY293	PSY294	PSY491	PSY492	PSY493	PSY494
Clinical/Health	Cog/Neuro	Develop/Educ	Social/Personality	Clinical/Health	Cog/Neuro	Develop/Educ	Social/Personality

NOTE: the time commitment for each credit hour is 2 1/2 to 3 hours per week during the semester and 6 1/2 to 7 hours per week during the six (6) week summer session.

for _____ credit hours. *If this experience is continued from a previous semester (same instructor, course number, and contact agreement) please check here _____ and indicate the term the original contract was filed in the space provided _____.

Please note: If all instructor and course information in addition to contract expectations remain intact and unaltered, a new contract (located on page two) is NOT needed. If there are *any* changes, a new contract needs to be submitted with the completed cover-sheet.

How many credits of this course number have you previously earned? _____

If you already have six (6) credits **STOP RIGHT NOW** as the **MAXIMUM TOTAL** credits you may have is 6 for any one number.

Instructor Name: _____

Instructor Signature: _____ Date: _____

I and my Instructor have completed a contract regarding the research I will do for this credit and I have received a copy of the contract in addition to submitting a copy in conjunction with this form to 415 Huntington.

Student's Signature: _____

Date: _____

Student's Email: _____

Term: _____

Department of Psychology

Research Experience Contract

Student's Name: _____ SU ID: _____
(Please PRINT)

Student Email: _____ Date: _____
(Please PRINT)

Please circle the appropriate option below:

PSY291	PSY292	PSY293	PSY294	PSY491	PSY492	PSY493	PSY494
Clinical/Health	Cog/Neuro	Develop/Educ	Social/Personality	Clinical/Health	Cog/Neuro	Develop/Educ	Social/Personality

Credit hours: ____ (enter number 1-6) Term: _____

Previously earned credits for this same course and number: _____

NOTE: If you already have six (6) credits for this number select an alternative number; the **MAXIMUM TOTAL** credit you may have is six (6) for any one course number.

Instructor: _____

Title and objectives of the experience:

Nature of the experience:

Nature of the contract with the faculty member:

Criteria for assessing student's performance:

Student's Signature: _____ Date: _____

Faculty Sponsor's Signature: _____ Date: _____

Make THREE (3) copies: Student, Sponsor, and Department Office (415 Huntington)