Form is fillable with **ADOBE**

PBSI 491 Research Contract for PSYC & Other Majors

STUDENTS may email this contract to PSYCADVISING@TAMU.EDU
during OPEN REGISTRATION to be forced into this course.

☐ **I acknowledge that I am NOT a Neuroscience Major**

Student Name: _____

UIN: _____

Major: _____

TAMU Email: _____

Phone #: _____

Research Lab Professor Name: _____ ***REQUIRED***

Course Section *(check one):* PBSI 491 ☐ PBSI 491 Honors ☐ *(GPA must be 3.50 or higher for Honors)*

Semester Term Year: _____ **Semester** *(check one)*: ☐ Fall ☐ Spring ☐ 10-Week Summer Session

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Credit Hours (0 to 6hrs): _____ ***REQUIRED***

- Please review the Work Hours Expectations located on the PBSI website, before committing to your hours.
- Students registering for 1 – 6 credit hours will be billed tuition and fees for this course.
- Students registered for 0hrs might be charged fees. Please contact Student Business Services with any questions.
- Any changes to Credit Hours must be submitted on a New Contract BEFORE 4pm on the Last Day of Add/Drop for the semester term.

Number of Credit Hours	Number of Work Hours per Semester	Number of Hours per Week	
		Fall / Spring Semester *(15-Weeks)*	10-Week Summer Session
1	45 *hrs*	3 *hrs*	4.5 *hrs*
2	90 *hrs*	6 *hrs*	9 *hrs*
3	135 *hrs*	9 *hrs*	13.5 *hrs*
4	180 *hrs*	12 *hrs*	18 *hrs*
5	225 *hrs*	15 *hrs*	22.5 *hrs*
6	270 *hrs*	18 *hrs*	27 hrs

Responsibilities ***(Professor only: Check all that apply)*:**

☐ **CITI TRAINING**
☐ **ATTEND LAB MEETINGS**
☐ **ASSIGNED READINGS**
☐ **WRITTEN ASSIGNMENT**
☐ **ORAL PRESENTATION**
☐ **LITERATURE REVIEW**
☐ **COLONY MAINTENANCE**
☐ **DATA ENTRY**
☐ **DATA COLLECTION**
☐ **DATA ANALYSIS**
☐ **DATA MANAGEMENT** *(data cleaning / reformatting / recording)*
☐ **STUDY DESIGN**
☐ **SURVEY CREATION / STUDY PROGRAMMING**
☐ **LAB MANAGEMENT** *(e.g. scheduling, training, overseeing personnel)*

Other determinants of letter grade beyond performance on the above responsibilities: _____

_____

_____ ***REQUIRED***
Supervising Faculty Signature & Date

_____ ***REQUIRED***
Student Signature & Date

NOTE: This form must be emailed to psycadvising@tamu.edu to be registered for the course. Please contact Student Business Services with any questions about tuition and fees. Be mindful of registration deadlines to avoid late fees.