

PSYCHOLOGY 484 CONTRACT

Student's name _____ UIN _____

Major _____

Phone # _____ email _____

Semester: Fall__ Spring__ Summer 1__ Summer 2__ 10 weeks__

Supervising Faculty (please print) _____

Credit Hours: (0-3 hours) _____ hrs. **(REQUIRED)** _____

Briefly state the topic area to be covered: _____

What activities are required by the student (e.g., library research, experimentation, etc.)? List readings, methodologies, and duties to be fulfilled (as applicable).

Specify additional determinants of the student's a grade (S/U only). _____

Supervising faculty signature **(REQUIRED)** _____

_____ (date)

Student signature _____

_____ (date)

STUDENTS may email this contract to PSYCADVISING@TAMU.EDU during OPEN REGISTRATION to be forced into this course. Completion of this form does NOT register you for the course.

**When registering for 1-3 credit hours, you will be billed for this course. Please contact Student Business Services for more information.