

Student, Faculty, and Administrative signatures

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:

I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of faculty.

Instructor of Record _____ Date _____

Direct Supervisor (if different from above) _____ Date _____

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of students.

Student _____ Date _____

*** DIRECTOR OF UNDERGRADUATE RESEARCH:**

This application for Independent Research has been reviewed. The proposal is:

APPROVED AS IS

REQUIRES MORE INFORMATION (provide details and return to instructor and student)

NOT APPROVED (provide rationale) _____

Psychology Dept Director of Undergraduate Research

Date

*If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair of the DUS must also approve this contract.

****CHAIR OR DIRECTOR OF UNDERGRADUATE STUDIES (whichever is applicable):** This application for Independent Study has been reviewed. The proposal is:

APPROVED AS IS

REQUIRES MORE INFORMATION (provide details and return to instructor and student)

NOT APPROVED (provide rationale) _____

Chair/Director of Undergraduate Research/ Faculty Designee/SAD

Date

**If the chair is the student's independent study instructor, this form must be signed by the Chair's Senior Associate Dean (SAD).

Note: Departments/Curricula must maintain copies of this contract for a minimum of two years.