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:

<table>
<thead>
<tr>
<th>PSY291</th>
<th>PSY292</th>
<th>PSY293</th>
<th>PSY294</th>
<th>PSY491</th>
<th>PSY492</th>
<th>PSY493</th>
<th>PSY494</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical/Health</td>
<td>Cog/Neuro</td>
<td>Develop/Educ</td>
<td>Social/Personality</td>
<td>Clinical/Health</td>
<td>Cog/Neuro</td>
<td>Develop/Educ</td>
<td>Social/Personality</td>
</tr>
</tbody>
</table>

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)