INDEPENDENT STUDY IN PSYCHOLOGY
Undergraduate Program

PURPOSE: To provide the opportunity for an undergraduate student to engage in the study of a particular area of clinical psychology that is not covered in-depth by an existing course. Typically, this independent study would focus on a narrower topic (e.g., mood disorder, advanced educational psychology, psychology of sleep etc.) than a given course (e.g., abnormal psychology). Moreover, the nature of the study would be more in-depth that can be accomplished in a traditional course.

PROCESS: The interested student needs to: (a) have a faculty sponsor willing to mentor such a course; (b) develop, along with the faculty member, a plan of study for this course; and (c) develop, along with the faculty sponsor, a formal means of evaluating the student’s work for this course (e.g., formal test, research proposal).

*** In order to be registered for such a course, THIS FORM HAS TO BE COMPLETED AND RETURNED TO THE Academic Coordinator BY THE END OF WEEK 2 OF THE ADD/DROP PERIOD FOR EACH TERM***

Name of Student _________________________________ ID# ____________________
Student Email Address ________________________
Name of faculty sponsor ______________________________
Title of Course ___________________________________________________________
(30 characters or less)
Number of Credit (s) ______ Term:  F  W  S  Su   Academic Year:  ______________
Brief Description of Proposed Course of Study ___________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Plan of Student Evaluation __________________________________________________
________________________________________________________________________
________________________________________________________________________

***Approvals***
Student’s Signature ________________________________________   Date __________
Faculty Sponsor’s Signature __________________________________ Date __________
Program Director or Academic Coordinator’s Signature ________________________________ Date __________

Departmental Use Only
Psy ______ Section _____ CRN ___________