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., autism, school violence, bullying, 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).

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE UG DIRECTOR PRIOR TO THE START OF EACH TERM. Because forms must be processed by the end of week 1, all signatures must be obtained prior to the start of the term. (note: if more than one student is working on the same project for an Independent Study then the forms of the students MUST be submitted together for CRN assignment).

Name of Student ___________________________________ ID# ____________________
Student Email Address: _______________________________
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 (Note: if you are on COOP you will also need approval by the COOP-Adviser)
Student Signature __________________________________ Date _____________
Faculty Signature __________________________________ Date _____________
Program Director Signature ______________________________ Date _____________

Departmental Use Only
Psy _____ Section _____ CRN ___________