**Contract for Psychology 499, Special Study**

**Course Description:** Individual study, including library or laboratory research and a written report. Maximum credit six units. No more than 12 units of courses numbered Psychology 491, 494, 495, 497, 499 may be counted toward the major. **THIS COURSE IS GRADED CREDIT/NO CREDIT ONLY. PSY 499 IS OFFERED DURING SUMMER FOR 3 UNITS**

**Directions:**
1. Complete this form with the assistance of the psychology faculty who will supervise the study.
2. If you will be working at an outside agency, you must also obtain the signature of the agency representative who will serve as your field supervisor.
3. Submit this form, with appropriate signatures, to the Psychology Department Office in LS-110 and obtain the restricted schedule number.

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**NAME:** ___________________________ **RED ID:** ___________________________

**E-MAIL:** ___________________________ **PHONE:** ___________________________

**SEMESTER:**  [ ] FALL  [ ] SPRING  [ ] SUMMER  **YEAR:** ___________________________

**UNITS:** 1 [ ] 2 [ ] 3 [ ]

(______)(Student Signature) ________________________________________________ (Date)

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**This section to be completed by the Faculty Supervisor:**

**Project Title:** _____________________________________________________________

1. Outline the expected student responsibilities (e.g., hours, tasks, meetings), including an approximate time commitment for each task. Describe how the student’s performance will be evaluated.

__________________________________________________________________________

2. Outline expectations for the final written project.

__________________________________________________________________________

**Will student be working at an off-campus field site?**  [ ] Yes  [ ] No

If yes, the student must fill out the Field Site information section of this form.

**Will this project involve working with:**

[ ] Human Subjects  [ ] Animal Subjects  [ ] Archival Data

(Please check all that apply)

**Faculty Supervisor:** ______________________________________________________ (Faculty signature – Please Write Legibly) (Date)

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If you will be working at an off-campus Field Site, complete the section below.

**Field Site:** ______________________________________________________________

**Site Supervisor:** ___________________________ **Address:** ___________________________

(Print name and title)

**Phone:** ___________________________ **Fax:** ___________________________ **Email:** ___________________________

**Site Supervisor Signature:** _____________________________________________ (Date): ____________

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