UNDERGRADUATE PSYCHOLOGY RESEARCH CONTRACT

Today’s Date ____________________________  Student Name ____________________________
Supervising Faculty _______________________  Student ID _____________________________
Faculty Email ____________________________  Student Email __________________________

PROJECT NAME & BRIEF DESCRIPTION:
________________________________________________________________________________
________________________________________________________________________________

COURSE CREDIT:
Course Designation:  ○ PSY 2361  ○ PSY 4970  Number of credits for current quarter ________
Quarter:  ○ Autumn  ○ Winter  ○ Spring  ○ Summer
Total credits accumulated for PSY 2361 or PSY 4970 (circle one) in previous quarters ________

STUDENT WORK SCHEDULE:
Min. hours/week: _______  Min. hours/evening or weekend: _______  Key card access required? _______
Expected days and times of work: __________________________________________________________
Length of commitment: _________________________________________________________________
Is commuting to other locations required? Specify: _________________________________________

STUDENT RESPONSIBILITIES (check all that apply):

<table>
<thead>
<tr>
<th>Working With Data</th>
<th>Working With Participants</th>
<th>Working With Non-human Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Data Entry</td>
<td>○ Videotaping</td>
<td>○ Handling, Feeding &amp; Cleaning</td>
</tr>
<tr>
<td>○ Database Management</td>
<td>○ Interviewing Participants</td>
<td>○ Daily Health Checks</td>
</tr>
<tr>
<td>○ Coding Data</td>
<td>○ Scheduling Appointments</td>
<td>○ Running Subjects</td>
</tr>
<tr>
<td>○ Library Research</td>
<td>○ Running Participant Sessions</td>
<td>○ Surgery &amp; Perfusions</td>
</tr>
<tr>
<td>○ Data Collection</td>
<td>○ Recruiting Participants</td>
<td>○ Histology</td>
</tr>
</tbody>
</table>

Other responsibilities and/or additional information:
__________________________________________________________________________________

Student Signature ____________________________  Date ____________________________
Faculty Signature ____________________________  Date ____________________________

Submit form with signatures to Dr. Brittany Tausen, Director of Research.