

UNDERGRADUATE RESEARCH IN PSYCHOLOGY CONTRACT

Supervising Faculty: _____
Telephone: _____
Email Address: _____
Office: _____

Student Name: _____
Student ID: _____
Email Address: _____

PROJECT NAME:

SHORT PROJECT DESCRIPTION:

COURSE CREDIT:

Course designation: _____ PSY 2361, _____ PSY 4970, _____ PSY 4940
Number of credits: _____
Quarter: _____ Autumn, _____ Winter, _____ Spring, _____ Summer

WORK SCHEDULE:

Minimum hours _____ per week, _____ per evening and weekend.
Times a student must be present/work:

Length of commitment required by student:

Commute/Driving to other locations required? If so, please specify details.

RESPONSIBILITIES:

Check all that apply:

Working with Data

- ___ data entry
- ___ database management
- ___ coding data
- ___ library research
- ___ data collection

Working with Participants

- ___ videotaping
- ___ interviewing participants
- ___ scheduling appointments
- ___ running participants
- ___ recruiting participants

Other responsibilities (please specify): _____

Additional Comments: _____

Student Signature/Date: _____

Faculty Signature/Date: _____

Please send copies to: Student, Faculty sponsor, Director of Undergraduate Research