Illinois State University

Department of Psychology

Independent Study Contract for PSY 400 or PSY 500

Name:       Course:

UID #:       Faculty:

Email:      @ilstu.edu Faculty:

Graduate Study:  Cumulative GPA:

Identify Other:       Semester:  Year:

Class Level:  Credit(s):

**Provide a brief description of the independent study:**

**Describe the graduate student’s responsibilities and grading criteria:**

Graduate students must adhere to the APA’s Ethical Principles for Psychologists and Code of Conduct.

Signatures

Please type your legal name to certify that the information submitted is accurate to the best of your knowledge. Please save and email this form as an attachment to the next person on the list after your name.

I certify that the information submitted is accurate to the best of my knowledge

Student:       Date:

Faculty Supervisor:       Date:

Program/Sequence Coordinator:       Date:

Department Chair:       Date:

The coordinator should submit the signed contract to the department chair for approval. When the contract is approved, the Graduate Programs Office will process the override and notify the student to register.

An override was processed and the student was notified to register on       (date and initials).

A copy of this approved Contract was sent to the Registrar (2202) on       (date and initials).