# Department of Psychology & Neuroscience, University of Colorado Boulder

# Independent Study Agreement for PSYC 4841 [ ]  or NRSC 4841 [ ]

**Semester:** **Year:** **# Credit Hours Requested:** **(3 max.)**

 *(minimum of 25 hours of work is expected for each credit hour earned)*

## Student Information

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| --- | --- | --- | --- | --- |
|            |       |       |       |  |
| *Student ID#* | Last Name | First Name | M.I. |  |

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|       |       |       |  |
| # Full-Time Semesters Completed at CU Boulder | Overall GPA | University Email |  |

## Independent Study Eligibility

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** |  |
| Are you a PSYC major?  | **[ ]**  | **[ ]**  |  |
| Are you a NRSC major? | **[ ]**  | **[ ]**  |  |
| Is your Overall CU GPA > 2.5?  | **[ ]**  | **[ ]**  |  |
| Have you completed at least 1 semester at CU-Boulder? | **[ ]**  | **[ ]**  |  |
| Have you read the Department Guidelines for Independent Study? | **[ ]**  | **[ ]**  |  |
| Have you spoken directly with the faculty supervisor about work expectations, methods of evaluation, and deadlines? | **[ ]**  | **[ ]**  |  |
| You must provide documentation of your independent study work to both the faculty supervisor and the department, at the end of the semester. Do you accept that this must be done before a grade of pass/fail is assigned for this work? | **[ ]**  | **[ ]**  |  |

## Detailed Description of Independent Study Project

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| What are the goals of the project you will work on?       |
| What specifically will you be doing over the course of the semester?       |
| What are your learning goals for the semester?       |

## Faculty Supervisor (to be completed by faculty)

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| --- | --- | --- | --- |
|       |       |       |       |
| *Position* | Last Name | First Name | University Email |

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| What methods will you use to evaluate the student’s progress over the course of the semester?      |
| How often and in what format will you meet with the student to provide them with guidance and feedback?      |
| How will the student document their work and learning experience (specify type and expected length of document)?      |
| Will anyone else be involved in training or supervising the student’s work? (Supervision by PRA should be minimal) Yes [ ]  No [ ]  If yes, explain:Name:       Position:       Type of Supervision:      Name:       Position:       Type of Supervision:      Name:       Position:       Type of Supervision:       |

## Signatures

|  |  |  |
| --- | --- | --- |
|       |  |       |
| *Student Name* | Signature | Date |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| *Faculty Name* | Signature | Date |

|  |  |  |
| --- | --- | --- |
| Dr. Roselinde Kaiser |  |       |
| *Director of Undergraduate Studies* | Signature | Date |

Submit this form to Amanda Meyer (Amanda.meyer@colorado.edu) for director’s signature, eligibility verification, and registration. Questions or concerns may be directed to Amanda Meyer or Dr. Roselinde Kaiser (Roselinde.Kaiser@colorado.edu).

## Verification and Registration (Department Use ONLY)

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| ALL REQUIREMENTS HAVE BEEN MET: [ ]  Student has the relevant major, a minimum 2.5 GPA, and completed at least 1 full-time semester on campus [ ]  Independent study serves a legitimate academic purpose [ ]  Faculty supervisor is full-time and in residence this semester [ ]  Method of evaluation is clear with stated deadlines [ ]  Faculty will meet with the student regularly and have at least two individual meetings with the student [ ]  Agreement is signed by all parties (certified electronic signature is acceptable)Registered by (name):       Date:       |