**University of Colorado Boulder Department of Psychology and Neuroscience**

**PSYC 4841-_______ NRSC 4841-_______**

**Independent Study Agreement**

**Undergraduate Credit (Pass/Fail ONLY)**

The purpose of independent study is to provide individualized research, scholarly and/or practical academic experience for students if such goals cannot be met through courses in the regular curriculum. PSYC/NRSC 4841 is restricted to Psychology and Neuroscience majors with an overall GPA of 2.5 and completion of at least 1 full-time semester on campus. Independent Study credit must be approved by the professor directing the course of study and by the Director of Undergraduate Studies of the Department. Ordinarily, three (3) hours of credit maximum will be given per semester.

**PLEASE NOTE:** Independent Study is graded as Pass/Fail. Therefore, the independent study hours cannot be used to fulfill the minimum credit hours required for an undergraduate major in NRSC or PSYC, but do count toward the maximum 45 credits allowed in any one department.

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### TO BE FILLED OUT BY THE STUDENT:

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<thead>
<tr>
<th>Name</th>
<th>Student #</th>
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Assigned Undergraduate Advisor (Please write name):

<table>
<thead>
<tr>
<th>Overall GPA</th>
<th>PSYC GPA</th>
<th>NRSC GPA</th>
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Year (Circle One): FR SO JR SR Total PSYC hours Completed: _____ Total NRSC hours Completed: _____

Credit Hours Requested (Circle One): 1 2 3 (Max 3 hours/term, Max 8 hours total/department)

Semester (Circle One): Fall Spring Summer, and Year: _______

**PLEASE NOTE:** A minimum of 25 hours of independent study work is required for each credit unit earned.

**Description of Project (use reverse side, if necessary):**

Date project/volunteer work begins: _______________ and will be completed by: _______________

If applicable, has Human Subject Committee or Animal Research Committee approval been received? N/A  YES  NO (one option MUST be circled)

**Please read and initial:** All students enrolled in NRSC 4841/ PSYC 4841 are required to turn in a paper of a length agreed upon by the faculty member and the Director of Undergraduate Studies. *I understand that I must submit a copy of my paper to the Psychology Advising Office in D243, as well as my professor, before the grade of Pass/Fail will be assigned.*

Student signature: _____________________________ Date: _____________________________ Initial ______

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### TO BE FILLED OUT BY THE PROFESSOR:

**Method of Evaluation (use reverse side, if necessary):**

**Print** Name of Faculty Member: _____________________________ *(Note: Must be Full-time Faculty)*

Faculty Signature: _____________________________ Date: _____________________________

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### SUBMIT TO DIRECTOR OF UNDERGRADUATE STUDIES FOR APPROVAL AND REGISTRATION:

Dr. Irene Blair, Signature: _____________________________ Date: _____________________________

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Registered by: _____________________________ Date: _____________________________ Updated 3/10/16
CONTINUED:

Student: Description of Project in Detail

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Faculty Member: Method of Evaluation

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Name of any other Lab Personnel (e.g. grad student, postdoc) who will have a supervisory or evaluative role with this independent study project: