

PSYCHOLOGY 797
Contract for Supervised Course

Complete this form with the assistance of the psychology faculty member who will supervise the study.
Your faculty will give you the restricted schedule number for this section.

Student Name: Red ID:

Address:

Phone: E-Mail:

Semester: FALL SPRING Year: # Units:

(Student Signature) (Date)

This section to be completed by Faculty Supervisor:

Project Title:

Nature of Project: Student's responsibilities and how student's performance will be evaluated e.g. written reports, oral presentations, or APA style paper.

Will student be working at an off-campus field site? Yes No
Will this project involve working with Human Subjects Animal Subjects Archival Data
Please check all that apply

Faculty Supervisor: (Faculty - Print Name)

(Faculty Signature) (Date)

Field Site Information

Field Site:

Site Supervisor: (Print Name) (Title)

Address:

Phone: E-mail:

(Site Supervisor Signature) (Date)

Forms are located at: http://www.psychology.sdsu.edu/graduate/797798-special-studies-contract/