

DEPARTMENT OF PSYCHOLOGY

Senior Thesis Registration Form

Student Name _____ ID # _____

Semester/Year _____ Faculty Supervisor _____

Circle Credits and Course Number.

<u>Credits</u>	<u>Course</u>
3	500 Senior Thesis I
3	500A Senior Thesis II

Brief description of your proposed work:
(Use additional sheet if necessary)

This is to verify that I am supervising the above student in the indicated course.

Signature, Faculty Supervisor _____ Date _____

The above faculty member has agreed to supervise me in this course. I am aware that my grade for this course depends on satisfactory progress of this independent research project according to the timeline established by my supervisor and me at the beginning of this project.

Student Signature _____ Date _____

Approved:
Signature, Director of UG Program _____ Date _____

* RETURN THIS FORM TO THE DEPARTMENT OF PSYCHOLOGY, 314 O'BOYLE *