

**JMU Department of Psychology
Directed Study/Independent Study
Application Form**

Student(s)	JMU ID Number(s)	E-Mail Address(es)

<p>Instructor: _____</p> <p>Semester / Block: _____</p> <p>Date Submitted: _____</p>	<p><input type="checkbox"/> Psyc 290 – Directed Study:</p> <p><input type="checkbox"/> Psyc 402 - Independent Study:</p> <p>Number of Credit Hours (check one)</p> <p><input type="checkbox"/> 1-cr <input type="checkbox"/> 2-cr <input type="checkbox"/> 3-cr <input type="checkbox"/> 4-cr</p>
---	--

Research: **Project Title to appear on transcript:** (No more than 20 characters, including punctuation and spaces)

Practicum:

Readings:

Teaching:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach to this cover page to a project outline or syllabus that includes each of the following sections:

- Learning Objectives
- Required Activities
- Description of Project
- Method of Evaluation

SIGNATURES REQUIRED FOR APPROVAL

Instructor	Date
Department Head	Date

(For Department Head signature, submit this form to one of the secretaries in Miller 1120.)

*Signed copies of this form and the attachment are retained by the Department Office.
Copies of the attachment should be retained by the Instructor, & Student as these serve as the syllabus for this course.*

To be completed by Psyc Office: Override Entered By: _____ Date: _____ Section Number: _____ Index Number: _____