PROPOSAL for CLPS1980 (formerly PSYC1990): Directed Research in Psychology

Student name: _______________________________ Banner ID#: __________________

Email: ___________________________ Current Semester Standing: __________________

Telephone: ________________________ Degree (circle): AB ScB

Semester/Academic year for proposed project: ________________________________

CLPS1980 is required for all Psychology ScB concentrators and Honors students

Title of proposed project:

__________________________________________

Faculty Sponsor (PRINT name): ___________________________ Dept: _________________________

Complete Sections I, II, & III below

Section I. Briefly outline your proposed project. Describe the question you will investigate and what methodology you will use to study and analyze this question.
Section II. How will this work be evaluated at the end of the semester? (This section should be completed by the Faculty Sponsor in consultation with the student.)

CLPS1980 requires written work. This can take the form of one or more of the following: a log of activities, a laboratory notebook, a research paper, a thesis, or a conference presentation/poster.

Section III. Guidelines and expectations

1. Students must register for CLPS1980, using the section number of the faculty sponsor (if a member of the CLPS department) or of the ScB advisor.
2. Grading options for CLPS1980 should be decided in conjunction with the faculty sponsor and ScB advisor.
3. Students are expected to devote at least 10 hours per week to the project.
4. Faculty sponsors are expected to be available for regularly scheduled meetings with the student to review work, analyze progress, and provide feedback.
5. Students are expected to be intellectually involved in original scholarship or research, with expectations appropriate for their level of experience.
6. Any conflicts that may arise should be referred for mediation to the Psychology Concentration Committee.
7. Other expectations specific to this project:

_______________________________________________________________________

SIGNATURES below indicate acknowledgment and acceptance of these terms.

Student: _______________________________________________________ Date: _____________
Sponsor: ______________________________________________________ Date: _____________
Sponsor’s Box #: _________ Sponsor’s E-mail address: ________________________________

Concentration Advisor’s Signature*: __________________________________ Date: _____________

*The signature of the Concentration Advisor should be obtained after other signatures on the form have been completed.

Contact the ScB advisor with any questions.