

Psychology Special Directed Courses

READING COURSES: PSYC 550* PSYC 555*

Fall Winter

Summer

NOTE: Form must be accompanied with a signed *Academic Change Form* except during preregistration.

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Student Number

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Surname

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Given Name

Year of Study: _____ Academic Year: 20_____

Program: BAH MAJ PSYC BAH MED PSYC BSCH MAJ PSYC BSCH MED PSYC Other _____

Course Topic:

Student Contact: (Include brief description of planned contact with student.)

Course Content:

Evaluation: (Please give breakdown)

Written Work _____

Lab Work: _____

Preparation _____

Practicum: _____

Other:

Authorizing Signatures:

Student (PRINT)	Signature	Date
Supervisor (PRINT)	Signature	Date
Chair of Undergraduate Studies (PRINT)	Signature	Date