

STUDENTS may email their completed contract to psycadvising@tamu.edu during
OPEN REGISTRATION to be forced into the course.

PSYCHOLOGY 484 CONTRACT

Section _____ PBSI 484 HONORS _____
(GPA must be 3.5 or higher for Honors)

Student's Name: _____ **UIN:** _____

Major: _____ **TAMU Email:** _____

Phone #: _____

Semester *(please check one):* ___ Fall ___ Summer I ___ Summer II ___ 10-Week ___ Spring

Semester Term Year: _____

Supervising Faculty *(please print)* _____ **REQUIRED**

Credits Hours *(0 to 3):* _____ (hrs) **REQUIRED**

Briefly state the topic area to be covered: _____

What activities are required by the student *(e.g., library research, experimentation, etc.)*? List readings methodologies, and duties to be fulfilled *(as applicable)*: _____

Specify additional determinants of the student's grade (S/U only): _____

Supervising Faculty Signature & Date
Required

Student's Signature & Date

NOTE: Completion of this form *does NOT* register you for the course. When registering for 1-3 credit hours, you will be billed for this course. Please contact Student Business Services for more information.