UNIVERSITY OF SOUTHERN MAINE
DEPARTMENT OF PSYCHOLOGY

INDEPENDENT/DIRECTED STUDY APPLICATION (Please check the applicable course)

☐ PSY 400 INDEPENDENT RESEARCH (Prerequisite: PSY 205 & 206)
☐ PSY 401 RESEARCH APPRENTICESHIP (Prerequisite: PSY 205 & 206)
☐ PSY 405 TEACHING APPRENTICESHIP

Please Note: PSY 410 INTERNSHIP/FIELD EXPERIENCE needs a different form

With the approval of a Faculty Sponsor, Junior and Senior Psychology majors may register for these courses after they have completed a description of their proposed work (see below for guidelines). Prior to registration students must submit this form to the Registrar (113 Corthell Hall, Gorham) and submit a copy of this form to the Psychology Department Chair (Science 506, Portland)

NOTE: Junior and Senior Psychology majors may earn up to a maximum of 12 credits from a combination of teaching apprenticeships, research apprenticeships, internships/field experience, and independent research. Normally no more than 3 credits will be earned each semester.

TITLE OF PROPOSED INDEPENDENT/DIRECTED STUDY:

______________________________________________________________

ON ONE OR MORE ATTACHED PAGES, PLEASE DESCRIBE YOUR PROPOSED WORK FOR THIS COURSE BASED ON THE GUIDELINES BELOW.

1. Describe the project or activity in which you will be engaged.
2. Describe the tasks or activities involved and any requisite special resources or knowledge.
3. Describe the expected outcomes of the project or activity.

YOUR NAME: ___________________________ STUDENT NUMBER: ___________

E-MAIL ADDRESS: ____________________________________________________________

CREDIT HOURS COMPLETED: ______________ GRADE POINT AVERAGE: ______________

SEMESTER FOR WHICH STUDY IS PROPOSED: ______________________________________

NUMBER OF CREDIT HOURS PROPOSED: __________________________________________

FACULTY SPONSOR (please print): ______________________________________________

FACULTY SPONSOR’S SIGNATURE OF APPROVAL: __________________________ ______

_________________________________________ DATE: ______________

Received by Registrar
Initials: ___________ Initials: ___________

Date: ______________ Date: ______________

Registered for Course Number _________ Date ____________ By (initials) ________