

UNIVERSITY OF SOUTH CAROLINA AIKEN PSYCHOLOGY DEPARTMENT

INDEPENDENT RESEARCH CONTRACT (PSYC 298,398,498,598)

Student's Name: _____ Student Number (VIP): _____

Instructor's Name: _____

Research Course Number: _____ Credit Hours: _____ Semester/Year: _____

Research Title: _____

Course Requirements and Method of Evaluation (check all that apply):

Oral Presentation

Written Report

Research Proposal

Satisfactory Lab Performance

Lab Meeting Attendance

Other: _____

Approximate hours student expected to participate in research activities per week: _____

Additional comments: _____

Instructor's Signature _____ Date _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Department Chair Signature _____ Date _____