

Student/Faculty Contract: Directed Research in Child Psychology

STUDENT INFORMATION

Student Name:

Student ID:

Major:

College:

Fr

So

Jr

Sr

DEPARTMENT INFORMATION

Faculty Adviser:

Lab Coordinator/Graduate Adviser (*if applicable*):

Department: **Institute of Child Development**

Course No. **CPsy 4994** Section:

Semester:

Year:

Directed Research

No. of Credits:

(*each credit represents 45 hours*)

Grading: A/F S/N

(*all major credits must be taken A/F*)

COURSE INFORMATION

Study Title:

Learning Objectives:

Methods and resources to be used (e.g. books, articles, workshops):

Results to be evaluated (e.g. written paper, artwork, presentation):

SIGNATURES and PERMISSION

Approved faculty/coordinator signature

Date

Department Adviser Signature

Date

Student's Signature

Date

Date the study will be completed

Permission

DIRECTED RESEARCH TEMPLATE Revised 12/31/15

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