An expanded description of the thesis project should accompany the Independent Study Application Form. The description should be at least 150 words long. It should be as concrete as possible and clearly indicate both the obligations of the student and the obligations of the professor. It will serve as a combination course description and teacher- student contract. Often the project description can be written out by the student after talking with the professor, but the professor should not sign the contract until the description has been read and revised as necessary.

Please note:

1. Make the description concrete and explicit.

2. Do not leave agreements “understood” – they often become “misunderstood”.

3. Explicitly state the basis for grading in the Evaluation Section of the Application Form.

4. If there is paper involved, specify a calendar date when it is due in the Evaluation section of the Application Form.

5. If there are to be discussion meetings, set up regular times.

6. The professor should be sure that the student’s background in Psychology is sufficient to handle the project.

7. The student should keep a copy of this Agreement Form and expanded description.

8. Note: Whether the content of this course/topic is relevant for a Health or Science credit must be indicated in the Course Number on page 1 of the Application Form, (HH for HEALTH, SC for SCIENCE).

Faculty OF Health Regulations and Guidelines:

Students interested in applying should take note that Independent Study Courses are subject to the following Faculty regulations:

a) Students may take Independent Study Courses only after having completed 24 credits at York University

b) The maximum permissible number of Independent Study Courses depends upon a student’s programme type: Students in Honours programmes may take 24 such credits; students in a BA programme may take 18 such credits.

c) Within their last 30 credits, students may take a maximum of 12 credits in Independent Study Courses.

d) Students may take a maximum of 12 credits of Independent Study courses with the same faculty member.

e) The student and the faculty member must agree on a written description of the course, its content, and its method of evaluation at the time of enrolment in the course, and submit this description for approval according to the requirements of the unit teaching the course. Copies must be deposited with that unit, and the student and faculty member should each retain a copy.

\*Please note that Independent Study Courses are subject to Faculty deadlines relating to enrolment, withdrawal and course completion. Relevant deadline information is detailed in the current York University Undergraduate Lecture Schedule.

RETURN COMPLETED APPLICATION FORM TO PSYCHOLOGY DEPARTMENT.

Student Name:

Student Number:

Email Address:

Current Home Number:

Work Phone Number:

Year Level of Student:

Department:

Effective Term: (i.e. SU, S1, S2, FW, F, W)

Course Number: (i.e. 3890,3890A,4890,4890A)

Credit Value: (3.0 or 6.0)

 **Check one Independent Study**:

🞏 PSYC 3890 6.0 (Y)

🞎 PSYC 3890 3.0 (F)

🞏 PSYC 3890 3.0 (W)

🞎 PSYC 3890 6.0 (SU)

🞏 PSYC 3890 3.0 (S1)

🞎 PSYC 3890 3.0 (S2)

🞏 PSYC 4890 6.0 (Y)

🞎 PSYC 4890 3.0 (F)

🞏 PSYC 4890 3.0 (W)

🞎 PSYC 4890 6.0 (SU)

🞏 PSYC 4890 3.0 (S1)

🞎 PSYC 4890 3.0 (S2)

* **Course Title**

Maximum 40 characters. This title will appear on your York University Transcript

* **Brief Course Description**

 Maximum 40 words or 200 characters. This course description should be carefully written in order to convey what the course is about. For editorial consistency, verbs should be in the present tense. Note: that some Departments/Divisions require an expanded course description before granting approval. If applicable, please attach an expanded course description to this application form.

* **Representative Bibliography**

Please list books, essays, articles, films, etc. that will be used as reference materials for this course. If space provided is inadequate, please attach a separate sheet to this application form.

* **Evaluation**

Please indicate the percentage value and due date of each assignment. Please take note of Faculty, Departmental or Divisional regulations regarding maximum and/or minimum percentage allotments

* **Instruction/Supervision**

Please indicate proposed frequency of meetings between student and supervisor(s), (i.e. weekly, bi-weekly, monthly, bi-monthly

Supervisor ‘s name printed:

Signature of Supervisor:

Signature of Student:

Date:

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Do not write in this space for office use only

PES updated:

Verified:

Date: