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 _________________________