



Department of Psychology
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UNDERGRADUATE INDEPENDENT STUDY PROPOSAL

1. **Student's Name:** _____

8-Digit NU ID: _____

UNO E-Mail Address: _____

2. **Supervisor Name:** _____

3. **Course:** _____ PSYC 4900 (Readings in Psychology)
_____ PSYC 4960 (Research Problems in Psychology)

4. **Semester and Number of Credit Hours:**

Fall _____ Spring _____ Summer _____ Hours: _____

5. **Project Description:**

Find attached the agreed description of my project.

6. **Evaluation Procedure:**

Find attached the agreed evaluation procedures for my project.

7. **Student Signature:** _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Return filled out and signed form to the Undergraduate Program Committee in ASH 347 for approval.
You will receive an e-mail with your permit # to register once your project has been approved.