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PSYC 4960
UNDERGRADUATE INDEPENDENT STUDY PROPOSAL

1. Student's Name: _____

8-Digit NU ID: _____

UNO E-Mail Address: _____

2. Supervisor Name: _____

3. Semester and Number of Credit Hours:

Fall _____ Spring _____ Summer _____ Hours: _____

4. Project Description:

Find attached the agreed description of my project.

5. Evaluation Procedure:

Find attached the agreed evaluation procedures for my project.

6. 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.