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.