**Department of Psychology**

**PERMISSION FORM**

**RESEARCH/READINGS/HONORS THESIS COURSES**

***This form must be completed by each student before registering. Please submit your signed form to a Psychology Advisor in 320, 321 or 107 Life Science Bldg.***

**Research 4181, 4281, 4381**

**Readings 4161, 4261, 4361**

**Honors Thesis 4398**

**STUDENT NAME: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: 1 0 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEGREE PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMESTER: FALL SUMMER I (5 WEEK)**

 **SPRING SUMMER I (11 WEEK)**

 **SUMMER II**

**I hereby give permission for the above listed student to enroll in PSYC \_\_\_\_\_\_\_\_ SECT # \_\_\_\_**

**>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**

**COMMITTED HOURS PER WEEK**

|  |  |  |  |
| --- | --- | --- | --- |
| **LENGTH** | **4161 OR 4181** | **4261 OR 4281** | **4361,4381,4398** |
| **15 WEEK** | **3** | **6** | **9** |
| **11 WEEK** | **4** | **8** | **12-12.5** |
| **5 WEEK** | **9** | **18** | **27** |

**I hereby acknowledge that I am committing to \_\_\_\_\_\_ hours of work weekly for the above listed course.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor Approval Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Departmental Clearance DateERMISSION FORMsychologyBiologylike I would for any other class I register for. above listed course. I also understand that I h**