

Barnard College Department of Psychology Independent Study Contract

For enrollment in PSYC BC3601-3608. Please submit this form to the Barnard faculty member who will be your mentor for your project.

Student: _____ **UNI:** _____

Semester in which Independent Study will be completed: _____

Barnard Faculty Research Supervisor: _____

Other Advisors or Mentors (include institution affiliation): _____

Describe the purpose and plan for this independent study project:

List the sources for your research, including specific readings and other materials:

How many supervisor meetings will there be? _____

How many hours will be involved? _____

Describe the culminating product of the research (if an essay, include the projected length)?

Other relevant details to include: _____

Student signature: _____ **Date:** _____

BC Faculty signature: _____ **Date:** _____

Off-Campus Advisor signature*: _____ **Date:** _____

*if applicable