**PSY 4395 Individual Study Request/Learning Agreement Form**

Students must complete this form with their faculty supervisor before gaining permission to register for PSY 4395.

Please read the following directions on how to process this form:

1. Complete this Learning Agreement Form in collaboration with your faculty supervisor and obtain his or her signature.
2. Make two copies of this completed, signed agreement (one for student’s records, one for faculty member), and submit the original to the Psychology Department Office.
3. Bring this completed paperwork to the Psychology Department Office in UAC 253 to obtain permission from the Undergraduate Program Director to register for PSY 4395.
4. Enroll in PSY 4395 through the catsweb.txstate.edu portal. You must register for this course in order to receive credit.

# Student Information

Student name: Student ID number: TXST Email:

# Faculty/Research Lab Information

Faculty Supervisor:

Email:

Research project:

# Additional Supervisors (if applicable): If a graduate student will also be involved in student supervision, please complete this section.

Additional supervisor name:

Email:

**Student Responsibilities** (the criteria, in part, upon which the student will be evaluated): **Please check all tasks that the student will be performing during his/her PSY 4395 experience:**

# General

* \_\_\_ Conduct background research
* \_\_\_ Literature review
* \_\_\_ Required readings
* \_\_\_ Assist in study design

# Lab meetings

* \_\_\_ Attend
* \_\_\_ Give presentations
* \_\_\_ Other (please specify):

# Data collection

* \_\_\_ Recruit/contact study participants
* \_\_\_ Observe, participate, or assist

# Data analysis

* \_\_\_ Data entry
* \_\_\_ Transcribe
* \_\_\_ Code
* \_\_\_ Analyze

**Intended academic component to be completed by the student:** Please choose **one or more** of the following writing, poster, or presentation options to conform to university WI policy (AA/PPS 02.01.01).

# Writing assignment

* + \_\_\_ Research paper
  + \_\_\_ Contribution to conference presentation
  + \_\_\_ Contribution to manuscript

# Poster presentation

* + \_\_\_ Psychology Department Student Research Poster Session
  + \_\_\_ University Honors College
  + \_\_\_ Contribution to conference presentation or proposal
  + \_\_\_ Presentation at professional conference
  + \_\_\_ Presentation in student research competition at professional conference

# Paper (oral) presentation

* + \_\_\_ Lab meeting
  + \_\_\_ Contribution to conference presentation or proposal
  + \_\_\_ Presentation at professional conference
  + \_\_\_ Presentation in student research competition at professional conference

# Supervision: Describe what supervision involves (e.g. individual meeting, lab meetings, training etc.):

**Type: Frequency:**

* + \_\_\_ Weekly
  + \_\_\_ Bi-weekly
  + \_\_\_ Monthly
  + \_\_\_ Other:\_

# IRB and clearance section:

**Please note:** Undergraduate Student Researchers may need to complete the IRB Undergraduate Student Researcher modules through CITI (TXST Office of Research and Sponsored Programs) AND any applicable clearances prior to the start of participation in the lab/research project.

IRB Student Research modules:

* \_\_\_ Completed
* \_\_\_ Pending
* \_\_\_ Not applicable

Clearances (if applicable):

* \_\_\_ Obtained
* \_\_\_ Pending (if necessary, student must obtain these prior to the start of participation in lab/research project)

# Credit information:

Term (i.e., Fall 2017):

Have you registered for PSY 4395 with this faculty supervisor before? \_\_ NO \_\_ YES If yes, which term? \_\_\_\_\_\_\_\_

**Pre-requisite:** By signing this learning agreement, the student verifies the department requirements for PSY 4395 (completion of PSY 3402 with a grade of “C” or better) has been met.

**Student and Faculty Research Supervisor signatures: Student:** (Please initial each item and sign below.) My signature indicates that I agree to:

Complete the IRB Undergraduate Student Researcher modules and have obtained or will obtain the necessary clearances (if applicable) prior to the start of my participation in this lab,

Fulfill the research hours and duties listed above, and

Complete an academic component agreed upon with the faculty supervisor.

***Student Signature***

**Faculty Research Supervisor:** By signing below, I agree to **1)** ensure students complete the IRB Undergraduate Student Researcher modules and have obtained or will obtain the necessary clearances (if applicable) prior to the start of participation in my lab, **2)** provide direction/feedback to this student over the course of term, **3)** monitor the student’s hours **4)** provide guidance to the student regarding completion of the academic component, and **5)** evaluate the student’s academic component and submit a grade recommendation to the Psychology Advising Office by the requested end-of-semester deadline.

***Faculty Supervisor Signature*** (Must be signed by the faculty supervisor responsible for the lab)

# Registration Authorization (Advising Office use only):

Psychology Advisor Signature Date Class Number Permission Number