



**PROPOSAL for CLPS1980 (formerly PSYC1990): Directed Research in Psychology**

Due date for fall semester 2010: Monday September 13, 2010 by 4 p.m.  
Please turn in the completed forms to Michele Barchi, Hunter Laboratory room 273A

**Student name:** \_\_\_\_\_ **Banner ID#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Current Semester Standing:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Degree (circle):** AB ScB

**Semester/Academic year for proposed project:** \_\_\_\_\_

CLPS1980 is required for all Psychology ScB concentrators and Honors students

**Title of proposed project:**

**Faculty Sponsor (PRINT name):** \_\_\_\_\_ **Dept:** \_\_\_\_\_

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**Complete Sections I, II, & III below**

**Section I. Briefly outline your proposed project.** Describe the question you will investigate and what methodology you will use to study and analyze this question.

**Section II. How will this work be evaluated at the end of the semester?** (This section should be completed by the Faculty Sponsor in consultation with the student.)

**CLPS1980 requires written work.** This can take the form of one or more of the following: a log of activities, a laboratory notebook, a research paper, a thesis, or a conference presentation/poster.

### **Section III. Guidelines and expectations**

1. Students are expected to devote at least 10 hours per week to the project.
2. Faculty sponsors are expected to be available for regularly scheduled meetings with the student to review work, analyze progress, and provide feedback.
3. Students are expected to be intellectually involved in original scholarship or research, with expectations appropriate for their level of experience.
4. **CLPS1980 is graded as S/NC only.**
5. Any conflicts that may arise should be referred for mediation to the Psychology Concentration Committee.
6. Other expectations specific to this project:

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**SIGNATURES below indicate acknowledgment and acceptance of these terms.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Box #: \_\_\_\_\_ Sponsor's E-mail address: \_\_\_\_\_

Concentration Advisor's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*The signature of the Concentration Advisor should be obtained **after** other signatures on the form have been completed.