

**Undergraduate Psychology Permission to Elect Application:
Research or Independent Study PSY 3980 or 3990**

First/Last Name _____ WIN _____

WMU Email _____ Phone _____

Semester to be registered for Research/Independent Study: _____ Year _____

Must Check Appropriate Course

Must List Credit Hours
(Required for registration)

CRN of Course
(Added by psychology)

Research or Independent Study

____ PSY 3980 Independent Study 1-5 hrs _____

____ PSY 3990 Research Apprenticeship 1-4 hrs _____

Description of Activity

Research or Independent Study Signatures Needed (PSY 3980 or 3990)

Graduate Student (*Print if applicable*) _____ Date _____

Faculty Signature (*Required*) _____ Date _____

***Please check faulty supervisor: Dr. ____J. Baker ____L. Baker ____Curiel ____Damashek ____DeFulio ____Gaynor

____Martini ____McGee ____Naugle ____Pence ____Peterson ____Pietras ____Pinkelman ____Poling ____Rafacz

____Van Houten

Return Completed Form to:
emily.a.carey@wmich.edu, Department of Psychology, 3700 Wood Hall
(Please Note: Incomplete information and missing signatures will delay your registration)

Date Completed: _____ Completed by: _____