Research Lab Course Agreement

Psychology Course Number: _____
Course Title: _____
Semester/Year: ____/____

Student Name (print clearly)____________________________________________________

Name of immediate supervisor (print clearly) ________________________________
Name of Faculty (if different than above) ______________________________________

Number of credits: ____
(Note: 1 credit hour = 3 hours of effort/week)

Goals / Learning objectives

Nature of tasks to be assigned

☐ Background reading
☐ Research design
☐ Preparing and/or making materials
☐ Scheduling participants
☐ Data Collection
☐ Data Coding
☐ Data Analysis
☐ Animal Care and related procedures
☐ Library research
☐ Other (please describe below)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Expected work/meeting schedule and days/times to be kept open

Planned meetings

• Lab meetings DAY/TIME: ______________________
• Project meetings DAY/TIME: ______________________
• Individual meetings DAY/TIME: ______________________

Approved by Faculty 5/9/2011
General info regarding meetings (nature/purpose/expected preparation):

______________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Evaluation / Grading

Evaluation will be based on (please check all that apply, and note percentages if applicable):

- Performance in carrying out expected duties %
- Term paper _____%
- Presentation _____%
- Other (please specify) _________________________________________________________________

Other info regarding evaluation

______________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Performance Feedback

Performance feedback will be provided

- In writing
- Orally

Timing of feedback (please check all that apply):

- At mid-semester
- At end of semester
- Other ________________________________

Student signature and date ________________________________________________________________

Faculty mentor signature and date ____________________________________________________________

Note: Copies of the course agreement are to be signed and kept by the instructor and the student. A copy is also to be turned into Dan Barnish (Room 223).