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 Melanie Jones (Room 426).

Approved by Faculty 5/9/2011