

Psychology Department Permission Form

Undergraduate Individualized Study

Use this form to be cleared to register for research, practicum, thesis, etc. Once completed, please drop off at the Psychology office in Straub (Room 139) or email it to the Undergraduate Coordinator, Jeff Davis (jeffreyd@uoregon.edu)

_____ is authorized to register for the following course(s):
(please print your name clearly)

UO Email: _____

UO ID#: _____

	CRN	Credits	Title (max of 20 characters, clearly describe the work you are doing in the course)	Instructor Name* (Please print clearly)	Faculty Signature*
PSY 401 Research			Res		
PSY 403 Honors Thesis			No Title Needed		
PSY 405 Reading			Read		
PSY 408 Lab Projects			Lab		
PSY 409 Practicum			Prac		

* Instructors for PSY courses MUST be a PSY instructor.

Once the form has been processed, you should receive a confirmation email to your **@uoregon.edu** email account. Once you have received this email, *please register promptly* so we can update the title for the course if needed.

If you are needing to take more than the default credits for an individualized study course, be sure to change that number **after** you have registered. The confirmation email should have instructions on how to change the number of credits you are taking the course for.