

# PSY 1902 DIRECTED READING LEARNING AGREEMENT

University of Pittsburgh

Department of Psychology

## PSYCHOLOGY ADVISOR AUTHORIZATION IS REQUIRED TO REGISTER FOR THIS COURSE.

Parts A-B should be completed by the student. The student should then bring the form to the faculty sponsor, who completes parts C-F. Both the student and supervisor must sign the document in part G.

Once the learning agreement has been signed by the Faculty Member, the **student must make two copies of the completed, signed agreement BEFORE coming to the Advising Office**: one copy is for the Faculty Member and one is for the student's records. After making copies, the student **THEN** brings 2 copies **and** the original to the Psychology Advising Office in 3117 Sennott Square. **Only** a Psychology Advisor can provide the required permission number that the student will then use to self-enroll for PSY 1902. Permission numbers can be obtained in the Psychology Advising Office during walk-in hours, or by scheduled appointment. Walk-in hours are available on our website: <http://www.psychology.pitt.edu/undergraduate>, or by calling the Advising Office, 412-624-4540. *You will not be able to register for this course, and thereby receive credit for this course, without a permission number from the Psychology Advising Office.*

### PARTS A-B: To Be Completed by Student

#### Part A: Student & Project Information (please print clearly)

Student Name: \_\_\_\_\_ PeopleSoft ID : \_\_\_\_\_

PITT E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Part B: Prerequisites

Cumulative GPA\*: \_\_\_\_\_ Grade Option: Letter Grade Only  
(must have **3.0** or higher)

Relevant course work: (describe below)

### PARTS C-F: To Be Completed by Faculty Sponsor

#### Part C: Course Information

Title of Course: \_\_\_\_\_ Course Number: PSY \_\_\_\_\_

Term (i.e., Fall 2006): \_\_\_\_\_ Number of Credits (1-3)\*: \_\_\_\_\_ (1 credit= 55hrs/2 credits=85 hrs/ 3 credits=120 hrs)

\*Students must be registered for PSY 1902 during the semester in which the Directed Reading hours are completed.

\*\* Credit hours are determined by the number of hours the student spends on the project in one term. See the *Directed Reading Guidelines* for more details.

\*\*\* A student may register for a maximum of 3 credits in any one term.

**\*OVER\*→→→**

**Part D: Faculty Sponsor**

Faculty Supervisor Name: \_\_\_\_\_  
Last First

Campus Address: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Part E: Requirements**

**Tentative Reading List:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part F: Evaluation Criteria**

Other work to be performed by student (papers, oral presentations, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the extent of your supervision of the student's study, including frequency of meeting and method of evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part G: To Be Signed by both the Student and Faculty Sponsor**

Student: By signing below, I agree to 1) complete PSY 1902 requirements as set forth by the faculty sponsor, 2) submit a finalized list of required directed reading to the Psychology Advising office by the middle of the semester, 3) and meet with the faculty sponsor at least once a week.

\_\_\_\_\_  
*Student Signature*

Faculty Sponsor: By signing below, I agree to 1) provide direction/feedback to this student over the course of term, 2) meet with the student at least once a week, 3) monitor the student's reading list as well as other work as described above, 4) and evaluate the student's work and submit a grade recommendation to the Psychology Advising Office by the requested end-of-semester deadline.

\_\_\_\_\_  
*Faculty Sponsor Signature*

**REGISTRATION AUTHORIZATION:**

\_\_\_\_\_  
*Psychology Advisor Signature*      *Date*      *Class Number*      *Permission Number*