

PSYCHOLOGY - PSYCH 294 Research Project AUTHORIZATION

THIS FORM IS USED TO REGISTER FOR CREDIT FOR RESEARCH EXPERIENCE IN A PSYCHOLOGY FACULTY LAB

Complete form with faculty member and return in person to 125 Moore Bldg.

Semester (circle): FALL SPRING SUMMER 20_____

Student Name: _____

9-Digit PSU ID number: _____

Student Penn State email: _____

Total semester credits including this course: _____

Professor's Name (printed): _____

Professor's Signature: _____

Area: (circle) CLIN COG DEV I/O SOC

Has my permission to register for _____ credits

I UNDERSTAND THAT PSYCH 294 COUNTS AS AN ELECTIVE ONLY FOR PSYCHOLOGY **MAJORS** AND MAY NOT BE APPLIED TO THE REQUIREMENTS OF THE PSYCHOLOGY **MINOR**.

Student Signature: _____

Date: _____

Office use only: Received _____ Processed _____