

**Undergraduate Psychology Permission to Elect Application:
Research or Independent Study PSY 3980 or 3990**

First/Last Name _____ **WIN** _____

WMU Email _____ **Phone** _____

Semester to be registered for Research/Independent Study: Select Term **Year** _____

Must Check Appropriate Course

Must List Credit Hours
(Required for registration)

CRN of Course
(Added by psychology)

Research or Independent Study

____ PSY 3980 Independent Study 1-5 hrs Select Credit _____

____ PSY 3990 Research Apprenticeship 1-4 hrs Select Credit _____

Description of Activity

Research or Independent Study Signatures Needed (PSY 3980 or 3990)

☒ **Graduate Student** (*Print if applicable*) _____ **Date** _____

☒ **Faculty Signature** (*Required*) _____ **Date** _____

*****Please check faulty supervisor:** Select Faculty _____

Return Completed Form to:
emily.a.carey@wmich.edu, Department of Psychology, 3700 Wood Hall
(Please Note: Incomplete information and missing signatures will delay your registration)