**Psychology Special Directed Courses**

**READING COURSES:**  □ PSYC 550*  □ PSYC 555*

□ Fall  □ Winter  □ Summer

**NOTE:** Form must be accompanied with a signed *Academic Change Form* except during preregistration.

<table>
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<th>Student Number</th>
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<th>Surname</th>
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<th>Given Name</th>
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Year of Study: ___  Academic Year: 20___

Program:  □ BAH MAJ PSYC  □ BAH MED PSYC  □ BSCH MAJ PSYC  □ BSCH MED PSYC  □ Other _______

Course Topic:

Student Contact: (Include brief description of planned contact with student.)

Course Content:

Evaluation: (Please give breakdown)

Written Work _______  Lab Work: _______

Preparation _______  Practicum: _______

Other:

Authorizing Signatures:

Student (PRINT)  Signature  Date

Supervisor (PRINT)  Signature  Date

Chair of Undergraduate Studies (PRINT)  Signature  Date

Copies: Student, Supervisor, Psychology U.G. Office