

**Special Graduate Courses in Psychology**  
 (Regular Session 20\_\_\_\_ – 20\_\_\_\_ / Summer Session 20\_\_\_\_)

This form is required when students wish to register for special graduate courses and requires the approval of the Associate Head, Graduate (or delegate) and the course instructor. Such courses would include Problems in Psychological Research (Psyc 7700-7770); Applied Behavioural Analysis Area Practica.

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 (Normally last day of classes for registered term)

**REGISTRATION INFORMATION**

Course #	Aurora Reg. # (CRN)	Course Name	Lecture Section	Term F / W / S	Credit Hours	Course Class.

\*CRN #s are located on Aurora Student Service, under Class Schedule on the web.

Student's advisor must provide rationale if the course is to be designated as ancillary: \_\_\_\_\_

Brief description of course requirements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Following items to be completed:

- a) Average weekly time commitment by student  
 (Staff member must specify a minimum contact time) \_\_\_\_\_
- b) Average weekly time commitment by staff member \_\_\_\_\_
- c) Average weekly time commitment by research assistant or  
 staff member's delegate \_\_\_\_\_

d) Evaluation procedures to be used and relative weighting of each portion for determination of final grade

	Check if applicable	Weighting %
1) Contact with instructor		
a) attendance	_____	_____
b) participation	_____	_____
2) Research Proposal	_____	_____
3) Data Collection	_____	_____
4) Data Analysis	_____	_____
5) Final Paper	_____	_____
6) Other (specify)	_____	_____

Signatures:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Head, Graduate or delegate: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Faculty Supervisor  
Student  
Student file