

DEPARTMENTAL APPROVAL FOR PSY 460 PRACTICUM/RESEARCH

PLEASE CHECK ONE:

- PSY 460A BRAIN & BEHAVIOR
- PSY 460B DEVELOPMENTAL PSYCHOLOGY
- PSY 460C MENTAL HEALTH/PRE-CLINICAL PSYCHOLOGY
- PSY 460D SOCIAL/PERSONALITY PSYCHOLOGY

<b>Prerequisites:</b> PSY100/PSY101 ____ PSY201 ____ PSY202 ____ Appropriate Concentration ____
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PROFESSOR \_\_\_\_\_

SEMESTER \_\_\_\_\_

NAME \_\_\_\_\_

NMU-IN \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

MAJOR \_\_\_\_\_

Freshman  Sophomore  Junior  Senior

DESCRIPTION OF ACTIVITY:

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Signature of Student

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Signature of Advisor

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Signature of Faculty Member

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Signature of Department Head

\_\_\_\_\_  
Date

THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF PSYCHOLOGICAL SCIENCE.