PSYCHOLOGY DEPARTMENT
SENIOR THESIS APPLICATION

DATE

NAME

CAMPUS (LOCAL) ADDRESS __________________________ PHONE __________________________
BOX#

A. REGISTRATION INFORMATION:

1. WHEN CREDIT WILL BE GIVEN: (Check one only)

   _____ PSYCH 490 (Fall)
   _____ PSYCH 490 (Spring)

   *Preferred

2. THESIS TOPIC:

3. THESIS SUPERVISOR:

B. BACKGROUND INFORMATION: (Answer briefly but specifically)

1. What are your goals and purposes in completing this thesis project?

2. What skills and background pertinent to the thesis project do you possess?

3. How does your proposed thesis project relate to your psychology major?
C. THESIS DESCRIPTION:

1. Briefly describe your proposed thesis project.

2. What specific resources (e.g., subjects, equipment) will you need to do to successfully complete your thesis?

D. AUTHORIZATIONS:

Approved by __________________________ Date
(Psychology Department Chair's Signature)

Supervisor __________________________ Date
(Signature of Thesis Supervisor)