## **PSY 590 Approval Request Department of Psychology**

Student Name:	
WKU ID:	
Email Address:	
<b>Course Requested for Independent Stud</b>	v
	1-6 hours (repeatable maximum of 9 hours).
	nents must be made before enrollment. Prerequisite(s).
Semester of planned independent study:	
Credit hours for planned independent study	y:
CRN:	at study project (if approved):
Name of faculty supervisor for independent	it study project (if approved):
you hope to accomplish:	ng to do this independent study project and what
Describe your planned independent stud	ly project (attach additional pages if needed):
Describe the intended final product of ye conference presentation, data set, etc.):	our project (e.g., student-authored research paper,
Signatures:	
Student:	Date:
Faculty Supervisor:	Date:
Department Head:	Date: