**REGISTRATION FOR INDEPENDENT STUDY**

🞏 **PL5660** 🞏 **PL6660**

**FOR SEMESTER \_\_\_\_\_\_ AY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **To be completed by student after detailed discussion with Independent Study supervisor** | |
| Name: | Matric No.: |
| E-mail: | Tel: |
| Title of Independent Study: | |
| Objective: | |
| Description *(attach separate sheet if necessary)*: | |
| Detail the relationship between this Independent Study project and your thesis (Please note that although both can be related, they should represent distinct work efforts.): | |
| Requirement (What are you expected to do to for this course): | |
| Assessment (Continual Assessment = 100%): | |
| Deadline: | |

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| **To be completed by Independent Study Supervisor** | | |
| Name: | Signature: | Date: |

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| **To be completed by Director of Graduate Studies, Department of Psychology** | | | | |
| Name: | | Signature: | | Date: |
|  | Approved |  | Not Approved | |

Please submit this form to the staff in charge of graduate programmes at the Department of Psychology General Office before the end of the on-line registration period.