

**School of Labor and Employment Relations**  
**Independent Study / Honors Thesis / Research Project Contract**

**LER 496 / LER 496H / LER 494**

Please complete the form with the faculty member who has agreed to work with you and return the signed form to **Katelyn Perry** in 506 Building; she will add the credits to your schedule.

***Student Information***

|                       |           |                          |
|-----------------------|-----------|--------------------------|
| <b>Student Name</b>   |           |                          |
| <b>PSU ID Number</b>  | <b>9-</b> |                          |
| <b>E-mail address</b> |           |                          |
| <b>Semester</b>       |           | <b>Number of credits</b> |

***Supervising Faculty Information***

|                               |  |
|-------------------------------|--|
| <b>Faculty Name</b>           |  |
| <b>Faculty E-mail address</b> |  |

What are the objectives of the project?

Please describe the method of evaluation (i.e. how a grade will be determined).

\_\_\_\_\_  
Signature of faculty member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

|                                     |
|-------------------------------------|
| <input type="checkbox"/> Registered |
| Date: _____                         |
| Initials: _____                     |
| Section: _____                      |