School of Labor and Employment Relations

**Independent Study / Honors Thesis / Research Project Contract LHR 496 / LHR 496H / LHR 494**

Please complete the form with the faculty member who has agreed to work with you. Return the signed form to

**Katelyn Perry** or **Kristie Kalvin** in 506 Keller Building and the credits will be added to your schedule.

***Student Information***

|  |  |  |
| --- | --- | --- |
| **Student Name** |  | |
| **PSU ID Number** | **9-** | |
| **E-mail address** |  | |
| **Semester** |  | **Number of credits** |

***Supervising Faculty Information***

|  |  |
| --- | --- |
| **Faculty Name** |  |
| **Faculty E-mail address** |  |

What are the objectives of the project?

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

|  |  |
| --- | --- |
|  | * Registered |
| Date: |
| Signature of Faculty Member Date |
|  | Initials: |
|  | Section: |
| Signature of Student Date |