The University of Texas
Rio Grande Valley
Clinical Psychology
PhD Program

Research Contract

Student Name:

Title of Research:

Primary Responsible Faculty Member:

Mailing Address: Telephone:

Other Faculty Members Involved:

Institution where Research is Offered:

Full Address:

Telephone Number where you can be Reached:

Semester Research is Offered: Give Actual Dates:

Number of Hours per Week Participation by Student:

Number of Formal Conference Hours per Week Participation by Student:

Number of Credit Hours per Semester Student Qualifies for:

Method or Criterion of Student Evaluation:

Method or Criterion of Course Evaluation:

***PLEASE LIST DETAILED OBJECTIVES OF THIS RESEARCH ON A SEPARATE SHEET. RESEARCH CONTRACTS MUST BE TURNED IN TO THE DEPARTMENT AT LEAST THREE WEEKS PRIOR TO THE ABOVE-SPECIFIED STARTING DATE FOR ASSURANCE OF APPROVAL OF THIS RESEARCH. ALL APPROVALS NOTED BELOW MUST BE RENDERED PRIOR TO STUDENT STARTING RESEARCH. RESEARCH SUPERVISORS WILL BE SENT A FINAL COPY OF THE APPROVED RESEARCH CONTRACT.

Signature of Research Supervisor	Printed Name	Date
Signature of Advisor	Printed Name:	Date
Signature of Director of Clinical Training	Printed Name	Date
Signature of Department Chair	Printed Name	Date