

**UNDERGRADUATE RESEARCH EXPERIENCE (UGRE) APPROVAL FORM  
PSYC 550**

**SEMESTER** \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ hrs per week \_\_\_\_\_

Enrolled in PSYC 550 \_\_\_\_\_

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Sponsor \_\_\_\_\_

Research Area \_\_\_\_\_

RIT Department \_\_\_\_\_

Sponsor Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Project Description (please be specific): Make sure you describe your duties and how the project relates to your career and/or educational goals.

**All UGRE's MUST be approved by Dr. Comer.**

1. Department Approval \_\_\_\_\_ Date \_\_\_\_\_

2. Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return signed form to Psychology Office, Room 01-2309**