

Department of Psychology - REGISTRATION AUTHORIZATION (PERMIT)

Name: _____

Date: _____ Semester: _____

CIN: _____

Daytime Phone: _____

Undergraduate Students ONLY

of Units

PSY 3950 (1-3 units) _____

PSY 3980 (1-3 units) _____

(staff: verify completion of at least 16 UD psychology UD units)

By signing below you are acknowledging that you are aware of the Department's policies, procedures, and requirements for the class for which you requested a permit.

Student's Signature

Department Chair Approval

Internship/Employment Information

Name of Site: _____

Please provide a brief list of your psychology related job duties below:
