

**SENIOR THESIS IN PSYCHOLOGY
PROJECT DESCRIPTION**

Student's name: _____ Student #: _____

Telephone(s): _____

Email: _____

Working title of project: _____

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Objectives of project: _____

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Anticipated date of completion: _____

Faculty Advisor: _____

Signature: _____

Second reader: _____

Department: _____

Signature: _____

NOTE: *Either your primary advisor or your second reader must hold professional rank (assistant, associate, or full professor) in the Psychology Dept. at Rutgers.*

NOTE: *You must return this form to the Psychology Department Office in Smith Hall, room 301 within **2 weeks** of the beginning of classes during your first semester of Senior thesis.*