INDIVIDUAL RESEARCH PROJECT
HH/PSYC 39xx or HH/PSYC 49xx
Faculty of Health – York University
Guidelines

Course Description:

Students arrange to complete an individual research project with a full-time faculty member in the Psychology Department, Faculty of Health. This course allows students to obtain first-hand research experience in a professor's area of research expertise. Students may complete one 6.00 credit or two 3.00 credit Individual Research Project courses in each academic year, to a maximum of 12.00 credits in total.

Prerequisites:

HH/PSYC 3900 3.0, HH/PSYC 3901 3.0, HH/PSYC 3902 6.0, HH/PSYC 3903 6.0:
- HH/PSYC 1010 6.00 (Introduction to Psychology)
- HH/PSYC 2010 3.00 (Writing in Psychology)
- One of: HH/PSYC 2020 6.00 (Statistical Methods I and II) *or* HH/PSYC 2021 3.00 (Statistical Methods I)
- Minimum of 54 credits earned

HH/PSYC 4900 3.0, HH/PSYC 4901 3.0, HH/PSYC 4902 6.0, HH/PSYC 4903 6.0:
- HH/PSYC 1010 6.00 (Introduction to Psychology)
- HH/PSYC 2010 3.00 (Writing in Psychology)
- HH/PSYC 2030 3.00 (Introduction to Research Methods)
- HH/PSYC 2020 6.00 (Statistical Methods I and II) or substitutes
- Minimum of 84 credits earned

Procedure for Enrolment:

Students should first ensure they have met all the prerequisites. Then they should (a) complete and sign this application with their supervisor, and (b) provide a copy for themselves, their supervisor. Following which upload your completed application.

An expanded description of the Individual Research Project should accompany the application form. **The description should be at least 150 words**. It should be as concrete as possible and should clearly indicate the goals of the research and both the obligations of the student and the obligations of the professor. This description will serve as a combination of course description and teacher-student contract.

Program Learning Outcomes:

Upon completion of this course, students should be able to:

1. Demonstrate in-depth knowledge of selected IRP topic(s).
2. Critically evaluate, synthesize and resolve conflicting results.
3. Articulate trends in selected topic(s).
4. Locate research articles and show critical thinking about research findings in selected topic(s).
5. Express knowledge about selected topic(s) in written form.
6. Engage in evidence-based dialogue with course director.
7. Demonstrate autonomous application of knowledge and skills.

Expectations:

1. The description should be concrete and explicit and a minimum of 150 words.
2. All IRP courses must include a written component.
3. The application must specify a calendar date when it is due in the evaluation section of the Application Form
4. Dates of discussion meetings should be specified.
5. The student should keep a copy of this Agreement Form and expanded description

<u>39XX Course Codes:</u>

Fall/Winter
HH/PSYC 3900 3.0 – Fall term
HH/PSYC 3901 3.0 – Winter term
HH/PSYC 3902 6.0 – Fall/Winter term (year)
HH/PSYC 3903 6.0 – Fall/Winter term (year)

Summer
HH/PSYC 3900 3.0 – S1
HH/PSYC 3901 3.0 – S2
HH/PSYC 3902 6.0 – SU
HH/PSYC 3903 6.0 – SU

<u>49XX Course Codes:</u>

Fall/Winter
HH/PSYC 4900 3.0 – Fall term
HH/PSYC 4901 3.0 – Winter term
HH/PSYC 4902 6.0 – Fall/Winter term (year)
HH/PSYC 4903 6.0 – Fall/Winter term (year)

Summer
HH/PSYC 4900 3.0 – S1
HH/PSYC 4901 3.0 – S2
HH/PSYC 4902 6.0 – SU
HH/PSYC 4903 6.0 – SU

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Faculty of Health – York University
Application

Student Name:_____**Student Number**: _____

Course Code:_____**Credit Value** (*3.0 or 6.0*)*:*_____**Term**: _____

Email Address:_____**Phone Number**: _____

Course Title:
This title will appear on your course description. The course title can be a maximum 40 characters (this includes spaces and punctuation).

Course Description:
The description should be concrete and explicit and a minimum of 150 words.

Evaluation
Must include at least one written component. Please indicate the percentage value and due date of each assignment.

Bibliography
Please list books, essays, articles, etc. that will be used as reference materials for this course.

APPROVAL:

Supervisor's Name (printed): _____

I (supervisor) confirm supervision: _____

Student's Name (printed): _____

I (student) confirm:_____

Date: _____

FOR OFFICE USE ONLY

PES UPDATED: **VERIFIED PREQUISITES: Y / N**   **DATE:**