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| **image of the York University logo****FACULTY OF Graduate Studies****Graduate Program** **in Psychology** 297 Behavioural Science Bldg.4700 Keele St.Toronto ONCanada M3J 1P3Tel 416 736 5290Fax 416 736 5814www.psychology.gradstudies.yorku.ca | Reading Course Agreement 67106710 6.0 (Y) 🞎 6710 3.0 🞎 Session: F W SName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reading Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Must not be more than 40 characters in length, including the spaces between words)Term: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Fall/Winter/Summer) Year: \_\_\_\_\_\_\_\_\_\_\_\_\_Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Please provide a brief outline of the course; including purpose, basis of evaluation, and readings (attach additional pages if needed).
* Return to the Graduate Programme office in 297 B.S.B. when completed.

Professor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | grey scale image of the York University Coat of Arms |