|  |  |
| --- | --- |
| **image of the York University logo**  **FACULTY OF Graduate Studies**  **Graduate Program**  **in Psychology**  297 Behavioural  Science Bldg.  4700 Keele St.  Toronto ON  Canada M3J 1P3  Tel 416 736 5290  Fax 416 736 5814  www.psychology.gradstudies.yorku.ca | Reading Course Agreement 6710 6710 6.0 (Y) 🞎 6710 3.0 🞎 Session: F W S  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 |