

SUNY Oswego Honors in Psychology Verification Form

See the Honors in Psychology Website for Important Form Information and Due Dates

Student Name

Date

Part I: To Be Completed by Student

1. According to the Honors in Psychology program requirements, I am using this form to verify that I have:

**Only
Select
One**

Growing Mastery of Psychology Requirements (GM)

two (2) written works exemplifying my knowledge of psychology in two different areas of psychology.

Citizenship & Leadership in Psychology Requirements (CL)

actively participated in a psychology-oriented group (e.g., Psi Chi, Psych Club).

served as a Peer Advisor in the Psychology Peer Advisement Office for two (2) or more semesters.

served on a Psychology Department committee as a Student Rep. for two (2) or more semesters.

Scholarly & Applied Experiences in Psychology Requirements (SAE)

been a Research Assistant in a psychology-related laboratory/field for two (2) or more semesters.

conducted my own independent psychology-related research and/or scholarship.

completed a career-oriented psychology-related practicum or internship.

2. By electronically signing this form, I agree to forward it to the appropriate faculty member for completion and understand that (a) this form can only be used for one area (GM, CL, or SAE) and (b) additional forms will need to be completed for the other area(s). I also agree to attach any supporting documentation with this form **as a single file**. When this form is returned to you, you agree to upload it to your electronic Honors Portfolio folder. Please ensure that the form's filename uses one of these following naming conventions: Lastname_GMVerification, or Lastname_CLVerification, or Lastname_SAEVerification.

Signature

Part II: To Be Completed by Faculty Member(s)

1. By electronically signing my name below, I verify that this student has met the selected GM, CL, or SAE-related criteria in accordance with the Honors in Psychology program requirements, *including all longevity stipulations where appropriate (e.g., at least 2 semesters as an RA or Peer Advisor)*. If the student has not met the established criteria, but you still feel they have fulfilled the criteria in a comparable way, please explain using the space below:

Signature

Signature

(Optional, For a Second GM Verification Only)

Deviation Rationale: