

EPET Research Practicum Completion Form

Name: _____ Student #: _____ Email: _____

Project Title: _____ IRB Approval Date: _____

CEP 995 Registration Info Semester: _____ Section # _____ Number of Credits: _____

Practicum Committee Members:	Practicum Director / Advisor (typed name)	
	Second Faculty Member (typed name)	
	Student Member (typed name)	

Approval of Practicum Proposal	Date:	
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Oral Defense	Date:	
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SIGNATURES INDICATE STUDENT PASSED

Practicum Paper and Defense - Complete	Faculty Practicum Director (sign & date)	
	Second Faculty Member (sign & date)	

Grade Assigned (by practicum director) to Practicum (4.0, 3.5, etc.)	
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Advisor or Guidance Committee Chair
(signature required)

Program Director Final Approval
(signature required)

Signature

Date

*** * * NOTE TO STUDENT: Please load information to this form as you progress.
When your practicum is complete, please return this form to the doctoral program secretary. * * ***