

Practicum Committee and Defense Form

Name: _____ Student #: _____ Email: _____

Project Title: _____ IRB Approval Date: _____

TE995 Registration Info Semester: _____ Section # _____ Number of Credits: _____

Practicum Committee Members:	Faculty Pract. Director (typed name)	
	Second Faculty Member (typed name)	
	Student Member (typed name)	
	Advisor or Guidance Chair (typed name):	

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

Practicum Paper Complete	Faculty Pract. Director (sign & date)	
	Second Faculty Member (sign & date)	
	Student Member (sign & date)	

Grade Assigned (by practicum director) To Practicum	
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Advisor or Guidance Committee Chair (signature and date required)	
Program Coordinator Final Approval (signature and date required)	
	Signature Date

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