

APPROVAL OF COMPLETED GRADUATE RESEARCH

Last Name
 First Name
 MI

9 Student ID / User ID Number
 - - Program Start Date
 Student Major or Program

Check one: Research Practicum ☐ Project ☐ Thesis ☐ Dissertation ☐

Research Title:

RECOMMENDATIONS OF RESEARCH DIRECTOR*/COMMITTEE:

RESEARCH DIRECTOR*/COMMITTEE ACTION:

- - Date of Action

☐ Not Approved

☐ Approved

☐ Approved with Recommendation(s)

(If checked, Research Director* MUST complete additional section below:)

SIGNATURES OF COMMITTEE AND STUDENT:

Research Director*:

Second Member:

Third Member: (if applicable)

Student Signature:

Research Directors* MUST complete this section for students receiving Approval with Recommendations:

Date Recommendations Approved: - - Research Director*:

* For thesis or dissertation, the Research Director is the Thesis or Dissertation Director.

FILING OF THIS FORM:

ORIGINAL: Graduate Program Director or Chair (for Student Program File)

COPIES: Office of Graduate Studies and Student