

APPROVAL OF COMPLETED GRADUATE RESEARCH

		MI
Last Name	First Name	

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:

SIGNATURES OF COMMITTEE AND STUDENT:

<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 10px; text-align: center;">- -</div> <p style="margin-left: 100px;">Date of Action</p> <p>_____ Not Approved</p> <p>_____ Approved</p> <p>_____ Approved with Recommendation(s)</p> <p><small>(If checked, Research Director* MUST complete additional section below:)</small></p>	<p>Research Director*: _____</p> <p>Second Member: _____</p> <p>Third Member: _____</p> <p style="text-align: center;">(if applicable)</p> <p>Student Signature: _____</p>
--	--

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