

APPENDIX D

SPED Research Practicum Completion Form

Name: _____ Student #: _____ Email: _____

Project Title: _____ IRB Approval Date: _____

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

Practicum Committee Members:	Faculty Practicum 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 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)	
Director of Special Education Doctoral Studies 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. *****