

# 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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Program Director Final Approval  
(signature required)

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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 assistant. \* \* \***