



## Research Apprenticeship Form

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### Purpose of Research Apprenticeship

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Student Name \_\_\_\_\_ Net ID \_\_\_\_\_

This form must be completed and signed by the faculty advisor of the Research Apprenticeship experience.

Participation in the Apprenticeship will provide student with a *range of opportunities relevant to conducting educational research*. In particular, the Apprenticeship will support students in learning to:

1. Pose significant questions grounded in existing theory and inquiry
2. Select and use methods appropriate to the question and research content
3. Gather appropriate evidence
4. Subject the evidence to careful analysis
5. Reassess prior assumptions and conceptualizations in relation to evidence gathered and ongoing analysis
6. Respond to input and critiques from other scholars and provide advice and comments for others' research
7. Organize oral and written presentations, and
8. Revise presentations in response to fair and open critiques

The Research Apprenticeship should be developed and conducted *within a community of scholars*, a group of people (i.e. students and faculty) with whom CEP995 participants can share ideas, elicit feedback, provide support, and so forth. It is not designed to be an independent study in which you work with a single faculty member without the support of additional members of the research community.

### Description of the Research Apprenticeship:

(You may attach a short, separate document)

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## CEPSE Research Apprenticeship Completion Form

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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number (PID): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Apprenticeship Director: \_\_\_\_\_  
(Print Name)

### **PART A**

**COMPLETE PART A** of the form and submit a copy to the SPRC administrator by either **August 1** prior to the Fall Comprehensive exam date; or by **December 1** prior to the Spring Comprehensive exam date. The **Apprenticeship Director** signature on PART A is deemed Approval of the submission of the Apprenticeship.

I certify that this student has SUBMITTED an acceptable apprenticeship.

**Apprenticeship Director signature:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

Semester/Year student registered for CEP 995: \_\_\_\_\_

Title of Apprenticeship Project: \_\_\_\_\_

### **SEND A COPY OF SIGNED PART A TO SPRC ADMINISTRATOR by deadlines**

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**COMPLETE PART A and B** following completion of the Apprenticeship.  
**SEND the ORIGINAL SIGNED PART A & B** TO MQM Program Coordinator (Ollie Cyman (they/them); cymanoli@msu.edu)  
**SEND A COPY** to the Student's Advisor.

### **PART B**

We, the undersigned members of the apprenticeship committee, certify that this student has successfully completed the Research Apprenticeship.

**Apprenticeship Director signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MQM Program Director signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_