

Completion of the INDEPENDENT RESEARCH PROJECT

NAME: _____ **PERM #:** _____

has completed the Independent Research Project in Education by "*Assuming major responsibility for all aspects of a research project from research review through data collection and analysis. Completion of the project should result in a paper which is appropriate for submission for publication.*"

The title of this project is: _____

We concur that on _____ (date), the above named student successfully completed the Independent Research Project, which meets the following:

- partial fulfillment of the requirements for the Ph.D. degree in Education
- partial fulfillment of the requirements for the M.A. degree in Education

Committee Names (print):

Signatures:

Faculty Advisor/Committee Chair

Faculty Advisor/Committee Chair

Faculty/Committee Member

Faculty/Committee Member

Faculty/Committee Member

Faculty/Committee Member

Note: If this project is being used to fulfill the Milestone requirement only, 2 signatures are required. If the project is being used to obtain a Masters Degree, 3 signatures are required.

Please return this form to the Department of Education Program Office in Education 3102 for further processing.
(Entered into Student Database by: _____ Date: _____)

TO BE COMPLETED BY THE STUDENT AFFAIRS OFFICE

The M.A. Degree in Education should be awarded: _____
quarter & year

Graduate Advisor or Department Chair's Signature