

Completion of the RESEARCH FESTIVAL PROPOSAL

NAME: _____ PERM #: _____

has completed the Research Festival Proposal as partial fulfillment of the requirements for the Ph.D. in Counseling, Clinical, and School Psychology.

The title of this project is: _____

We concur that the above named student successfully completed the Research Festival Proposal, which meets the following:

partial fulfillment of the requirements for the M.A. degree

Signed:

Faculty Advisor/Committee Chair

Faculty/Committee Member

Faculty/Committee Member

Note: If this proposal is being used to fulfill the Milestone requirement only, then 1 signature is required. If the proposal is being used to obtain a Masters Degree, then 3 signatures are required.

Please return this form to the CCSP Program Office in ED 2103 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