REQUEST FOR INITIATING RESEARCH TOOL EXAMINATION

Name of Student Making Request: ___________________________________________

ID Number: __________________________

Date of request: _______________________________

Signature of Student: ______________________________________________________

Signature of Student’s Advisor: ______________________________________________

NOTE: Students who do not complete the exam within three months of identifying articles for review, or who are asked to retake the exam, will ordinarily have to start over with the same examining committee.

After the form is signed by the student and advisor, the student should give the form to Rosie Renzi in Education 122 for processing.

[For Departmental Use]

Committee Chair: _________________________________________________________

Reading Member: _________________________________________________________

Articles Selected by Student:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Approval of Committee Chair by signature or email:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature        Date

Begin exam: __________________________

Complete exam: ________________________

Note: Please attach copies of all emails pertinent to initiation and completion of exam.