UNIVERSITY AT ALBANY
State University of New York

School of Education
Department of Educational Theory and Practice

MEMORANDUM

To: The Chair Student Name: _____

Date: _____ Student ID Number: _____

Degree Program: **Ph.D.**

Subject: Comment to be Recorded on Graduate Student Transcript

The above-named student has passed the **Research Tools Exam**. _____
Date

Note: Only the successful completion of Research Skill requirements is recorded on the student's transcript. Failures are not recorded.

_____ _____
Signature of Chair of Examining Committee Date

_____ _____
Signature of Department Chair Date

Education 122
Albany, New York 12222
PH: 518-442-5020 FX: 518-442-5008
www.albany.edu