RESEARCH TOOL REQUEST FOR APPROVAL

TO: Chair, Graduate Academic Committee

FROM: __________________________
       Student Name

RE: Research Tool

DATE: __________________________

This memo is to inform you that I wish to satisfy the Research Tool requirement as follows:

Description: (Please provide a complete description of proposed tool. If the tool requires a project and faculty evaluation, it is the responsibility of the student to identify a faculty member to evaluate the project).

Intended Semester of Completion: __________________________

Faculty Evaluator: __________________________
       Signature (indicates agreement to evaluate project)
       date

APPROVALS:

_________________________________________ Date
       Mentor

_________________________________________ Date
       Graduate Academic Committee Chair

_________________________________________ Date
       Department Chair