

MICHIGAN STATE UNIVERSITY
Mathematics Education Graduate Program
C110 Wells Hall
619 Red Cedar Road
East Lansing, MI 48824-1031

Research Practicum Completion

Instructions: Please open using Adobe Reader, **NOT Preview**.

Student's Name: _____ **Date:** _____

Has successfully completed the research practicum required for the Ph.D. in Mathematics Education, including the writing of a research report and oral presentation of the research.

Title of Research Practicum:

Student Committee Member (printed name): _____

Semester and Number of Credits Registered for MTHE 995 Research Practicum:

Semester: _____ Number of Credits: _____

Signatures of Practicum
Committee Faculty Members

Printed names of Practicum
Committee Faculty Members

Graduate Director/Date: _____

Signature

Date

This form should be completed and submitted to the PRIME Graduate Office when the research practicum is completed and approved by the faculty on the student's practicum committee. The graduate student practicum committee member is invited to attend the practicum oral presentation, but does not sit in on the discussion between the two faculty practicum committee members after the presentation, and is not a voting member regarding the passing or failing of the practicum. Please see further information on the Research Practicum and the role of the student committee member in Section III of the Math Ed Graduate Handbook.