**MICHIGAN STATE UNIVERSITY**

**Mathematics Education Graduate Program**

**354 Farm Lane**

**Room 211 North Kedzie**

**East Lansing, MI 48824-1031**

**Research Practicum Completion**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Committee Member (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures of Practicum Printed names of Practicum

Committee Faculty Members Committee Faculty Members

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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.