**MICHIGAN STATE UNIVERSITY**

**Mathematics Education Graduate Program**

**354 Farm Lane**

**Room 211 North Kedzie**

**East Lansing, MI 48824-1031**

**Research Practicum Proposal Approval**

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

Title of Research Practicum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Anticipated Completion Date of Research Practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signatures of Research Practicum Printed names of Research 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 practicum proposal is approved by the student’s practicum committee. Submit a Research Practicum Completion form when the practicum has been completed. Only the faculty members will evaluate the student's work on the research practicum and approve the proposal and its completion. 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 information on the Research Practicum and the role of the student committee member in Section III of the Math Ed Graduate Handbook.