

SATISFACTORY COMPLETION OF RESEARCH TOOL

TO: Chair, Graduate Academic Committee

FROM: _____
Student Name

RE: Research Tool

DATE: _____

This memo is to inform you that I have satisfied the Research Tool requirement as follows:

Description:

Semester of Completion: _____

APPROVALS:

Faculty Evaluator Date

Graduate Academic Committee Chair Date

Department Chair Date

Date Recorded: _____

cc: Mentor
Student