Department of Counselor Education Documentation Approval Form for SDS 6905, MHS 6910, MHS 6940

Instructions

Print a response for each item. Provide a brief description of the proposed project on the next page, secure the necessary signatures, attach a copy of your complete proposal (if available) and a copy of the letter confirming IRB approval, and submit these to the department administrative staff at registration. Graduate Coordinator will review and approve. Copies are returned to Faculty Advisor.

Name: UFID:				
Academic Term:	I Fall ☐ Spring	□ Summer	Year:	
E-Mail Address:				
Phone(s): (H)		((C)	
Research Supervis	or:			
Supervisor Email:				
Faculty Advisor Em	ail:			
Course:	☐ SDS 6905 Individual Work (1-4 cr; max 12 cr)			Credits:
	☐ MHS 6910 Supervised Research (1-5 cr; max 5 cr)			Credits:
	☐ Supervised Teaching (1-5 cr; max 5 cr)		Credits:	
Type of Project:	☐ Literature Review	v □ Field :	Study	
	☐ Data-based ☐ Theory-based Counseling Ca			g Case Study
Proposed course til	le to appear on your tr	anscript: (not to ex	ceed 21 letters and	spaces)
	roject:			
Required Signatur	es			
Student:				Date:
Supervisor:				Date:
Faculty Advisor:				Date:
Grad Coordinator:				Date:

Original – Student File

Copy – Research Supervisor

Copy – Faculty Advisor or Doctoral Chairperson

Copy - Student