COLLEGE OF ARTS & SCIENCES
PSYCHOLOGY DEPARTMENT
MASTERS PROGRAM

MS RESEARCH REQUIREMENT

NAME_____ _____ STUDENT ID:

Please print the academic year next to the term that the student has completed the research requirement.

FALL TERM_____ WINTER TERM _____ SPRING TERM_____

This form certifies that the above name has successfully completed a minimum of 8 hours per week of research for his/her advisor.

ADVISOR:

In signing this form, I have agreed that the above name has completed a minimum of 8 hours per week of research in my lab.

Signature_____ Date_____

Student Signature: _____ Date_____

PROGRAM DIRECTOR_____

ORIGINAL FORM: PROGRAM – Student's File

MS. RESEARCH. FRM