

Doctoral Student Research Experience Form*

Name: _____

Term for Research Experience: _____

Objective of the Research Experience

Description of the Research Experience

Signature of Student

Date

Signature of Project Faculty Mentor

Date

Signature of Program Planning Chair

Date

Signature of Assistant Dean, Graduate Program

Date

*This form should be attached to the proposed program plan (*if Plan is completed*) when it is submitted to the Assistant Dean, Graduate Programs for approval. The student, advisor, and mentoring faculty should retain copies of the signed form.