MICHIGAN STATE UNIVERSITY	
Mathematics Education Graduate Program C110 Wells Hall 619 Red Cedar Road East Lansing, MI 48824-1031 Research Practicum Prop	osal Annroval
Instructions: Please open using Adobe Reader, NOT Preview.	
Student's Name:	Date:
Title of Research Practicum:	
Anticipated Completion Date of Research Practicum:	
Student Committee Member (printed name):	
Signatures of Research Practicum Committee Faculty Members	Printed names of Research Practicum Committee Faculty Members
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.