Field Research Approval Form

Please fill out form separately for each activity used to fulfill the requirement.

Name: _______________________________________
Date: _______________________________________
Date MA completed: ____________________________
Sponsor (and location, if needed): ____________________________
Time period: _______________________________________
Supervisor: _______________________________________
(If external, contact information and credentials): ____________________________

Description of likely training opportunities, including their developmental relevance to student’s progress:

Advisor: [printed name] _____________________________ [signature] [date]
Committee Member: [printed name] _____________________________ [signature] [date]
Committee Member: [printed name] _____________________________ [signature] [date]
Division Head: [printed name] _____________________________ [signature] [date]