MASTER'S LEVEL RESEARCH PRACTICUM (PSY 5023) **Report and Final Evaluation**

Name of student:		Stu	Student No:	
The pro	fessor complete riat of the School	s Section 2, signs th	ne evaluation, ser	mpleted in the past academic year. ands the original form to the Graduate st, and gives a copy of the form to the
1. 1	Description of t	he research activi	tios completed	
2. <u>]</u>	Final Evaluatio	<u>n</u> work completed by		e research practicum deserves the
	Pass	П	Fail	П
1	In the case of a t	— Failing grade, please		the work components which led to
Thesis Supervisor's signature				Date
Student's signature			_	Date