Governors State University
Department of Communication Disorders

Practicum Project Proposal Review

Student: _____

Term: _____

Proposal Submission Date: _____

Proposal Title:

_____

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_____

Review Decision

Proposal approved (Student may collect data).

_____ _____
GSU Supervisor Date

Revisions needed (Comments attached. Resubmission required. Student may not collect data).

_____ _____
GSU Supervisor Date

Original to: Student
Copies to: Student's Program File
GSU Practicum Supervisor
Practicum Site Clinical Supervisor