Governors State University
Department of Communication Disorders

Practicum Project Proposal Review

Student: ____________________________

Term: ______________________________

Proposal Submission Date: ________________

Proposal Title:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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