

TOOLS OF RESEARCH FORM
FORM MUST BE SUBMITTED AND APPROVED BEFORE TOOLS PROGRAM BEGINS

All graduate students in I-O and CNS must complete a series of methods courses beyond the core methods requirements with a grade of "B-" or better to satisfy their program area's requirements of "research tools" for their Ph.D. programs. Students may select their tools courses from departmental offerings or from offerings in other departments. Courses used to satisfy the tools of research requirement may not be used to satisfy the minor requirement. They also may not be used for a given area's seminar requirement. In CNS, tools courses are those that deal primarily with research design, data collection techniques, quantitative or qualitative analytic methods, or instrumentation.

Students in I-O and CNS should receive written approval before starting tools coursework. Students must submit a detailed description of the proposed tools courses to their M.A. or Ph.D. committee for approval. This proposal will contain descriptions of courses planned, an explanation of the relationship of the proposed courses to the primary course of study, and an appropriate time for completion of the courses.

Date: _____
TO: GRADUATE PROGRAM COMMITTEE
SUBJECT: REQUEST FOR APPROVAL OF TOOLS OF RESEARCH

STUDENT: _____

Area of Study: (bold/underscore one): CL CNS I-O

Description of Course of Study (include specific methods courses with name of instructor and department and attach syllabi if possible for non-psychology courses; note that this requirement involves 2 courses for Clinical students and 3 courses for CNS and I-O students):

Relationship of Tools to Primary Course of Study:

This request has been reviewed and approved by the student's major professor.

Major Professor's Name _____ Signature _____ Date: _____

This request has been reviewed and approved by the student's Area Director.

Area Director's Name _____ Signature _____ Date: _____

Submit signed form to Graduate Student Services, PCD4114A, or Laura Pierce's mailbox.

GRADUATE PROGRAM COMMITTEE ACTION:

APPROVED _____ DISAPPROVED _____

Signature of Graduate Program Committee Chair Date

Revised 7/16