

STUDENT INFORMATION

Last Name: _____ First Name: _____

CGU ID # 254 _____ Academic Dept: _____ Degree: _____

Instructions: Upon the successful completion of each Research Tool, a form should be completed, approved by the academic department and submitted to the Office of Admission and Records for recording. A separate form for each Tool accomplished is required.

RESEARCH TOOL (check & complete the appropriate line)

_____ Foreign Language: _____ Date Passed: _____

_____ Exam: _____ Date Passed: _____

_____ Course Subject & Catalog #: _____ Semester Taken: _____

Course Title: _____

Instructor's Name: _____ Grade: _____

Comments - Indicate below the method used e.g. individual examination, national test, etc.

ACADEMIC DEPARTMENT APPROVAL

- If a course was taken in lieu of an exam, please check this box:
In this case, an Examining Faculty's Signature is not required (the Advisor & Dean signature is required).
- If the Examining Faculty Member and the Faculty Advisor are the same person, please check this box:
In this case, the Faculty Advisor need only to sign in the Advisor's section.

We acknowledge this student has completed the research tool indicated above.

| | | |
|-------------------------------------|--|-------------|
| _____ | _____ | _____ |
| Print Examining Faculty Name | Examining Faculty's Signature | Date |
| _____ | _____ | _____ |
| Print Faculty Advisor Name | Faculty Advisor's Signature (always required) | Date |
| _____ | _____ | _____ |
| Print Academic Dean's Name | Academic Dean's Signature (always required) | Date |

For Student Records Office Use:

Processed by (Data Services): _____