**Form 3: Notice of Completion of Practicum or Research Project (please type)**

This form is to be completed at the time a practicum or research project has been completed. Please do not complete this form if the practicum or research project has not received prior written approval from the Institute of Gerontology. Please return this completed form to Graduate Coordinator, University of Georgia Institute of Gerontology, Hudson Hall, 102 Spear Road, Athens, GA 30602

Student’s Name

Local Address

Telephone (Work) (Home)

Email Address

Date that the research project or practicum was approved:

Date that the research project or practicum was completed:

Course number, semester enrolled and number of credits received for research project or practicum:

Brief descriptive title of research project or practicum:

Please attach a copy of the final product (paper, summary, thesis, etc.) that resulted from the research project or practicum.

APPROVALS

Student’s signature ` Date

Supervisor’s signature Date

Institute of Gerontology Director’s or Graduate Coordinator’s signature Date