Declaration of Intent to Earn a Research Certificate in Education

Student Name: _____ SSN: _____ - ___ - _____
Last First MI

Georgia State E-Mail Address: _____ Home Phone: _____ - _____ - _____

Department, Program, Degree in which the student is enrolled:

_____

Semester of admission to that doctoral program: _____

Certificate sought (check one): ☐ Qualitative Research in Education ☐ Quantitative Research in Education

Name of Doctoral Advisor: _____ Phone: _____ - _____ - _____

E-mail: _____

Signature of student:

I am seeking the Research Certificate in Education indicated above. I have read the section of the graduate catalogue describing the requirements for the certificate.

Student: _____ _____
Signature Date

Signature of supporting faculty member (either the student's Doctoral Advisor or the student's Department Chair):

Faculty: _____ _____ _____
Print name Signature Date

Signature of receipt of this form by the Research, Measurement, and Statistics unit of the Educational Policy Studies Department (either the RMS Coordinator or the EPS Chair):

Faculty: _____ _____ _____
Print name Signature Date

☐ RMS Coordinator OR ☐ EPS Chair (check appropriate box)

EPS Department: When this form has been filled out, please make and distribute three copies of this form (one for the student, one for the student's supporting faculty member, and one for the EPS Deparment), and send the original to the Office of Academic Assistance of the College of Education.