

Approval for ICPSR—PLS 993 Credit

Name: _____ PID: _____

Dates of course: _____

Name of course: _____

Faculty instructor: _____

Please attach ICPSR letter of evaluation.

Anticipated semester of PLS 993 enrollment: _____

Faculty instructor of record for PLS 993: _____

Will this course be counted as part of a Research Methods minor field?

Yes _____ No _____

Additional work necessary for PLS 993 credit (if any): _____

Guidance Committee Chair:

(Print name)

(Signature)

(Date)

Methods Field Chair (or designee):

(Print name)

(Signature)

(Date)

Director of Graduate Studies:

(Print name)

(Signature)

(Date)