

## CERTIFICATION OF COMPLETION OF PRAXIS REQUIREMENTS (FORM G)

\_\_\_\_\_ is a candidate for the degree of Master of Arts.

Praxis Paper Title: \_\_\_\_\_

Praxis Internship Position Title: \_\_\_\_\_

We approve of the presentation and report of his/her praxis experience and certify that he/she passed the conditions of praxis experience in partial fulfillment of the requirements for this degree.

Date: \_\_\_\_\_

Signature of Members of Committee:

\_\_\_\_\_  
Lead Advisor

\_\_\_\_\_  
Second Reader

*Note:*

- *Turn in the Time Log and Evaluation signed by your supervisor with this form to the Graduate Director*
- *A bound copy of your Praxis paper must be submitted to the Graduate Program Director to be archived. Another copy should be given to your advisor.*