

EDUC-K 590 Early Inquiry Experience Agreement

Student's Full Name: _____

K590 Faculty Supervisor: _____

Semester/Year: _____

Early Inquiry Experience Abstract (Briefly describe your proposed project, including the background/rationale, methodology, and data analysis plan).

Timeline for Completion of K590 Early Inquiry Experience Requirements (List a due date for each of the three requirements below.)

#	Requirement	Due Date
1	Submit Early Inquiry Research Proposal	
2a	Obtain IRB approval (if applicable)	
2b	Collect and analyze data	
3	Submit Final Written Manuscript Documenting Completion of the Early Inquiry Experience	

Signatures

Student Signature

Date

SpEd Faculty Advisor Signature

Date

Advisory Committee Member #2 Signature

Date

Advisory Committee Member #3 Signature

Date

EDUC-K 590 Supervisor Signature (optional*)

Date

* Only required if the EDUC-K 590 supervisor is not a member of the student's advisory committee.