



## Supervising Professor's Statement

**Instructions:** Please have your supervising professor read and sign this form. Return it with your completed application. If your institution has an internal form, BISD can accept it. Email the signed form to Dr. Elizabeth Clark at [elizabeth.clark@birdvilleschools.net](mailto:elizabeth.clark@birdvilleschools.net).

Graduate Student Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

**Institution college and/or department:**

Type of Degree:       Masters                       Doctoral

Program of Study: \_\_\_\_\_

Proposed title of Study: \_\_\_\_\_

IRB review required:     Yes                               No

If yes, update on IRB submission & approval:

If yes, please submit parent/teacher/student consent forms.

By signing below, I affirm that:

- The student has advanced to the appropriate level in the program and is ready to complete their final degree requirement.
- I have read and approve the student's completed research proposal.
- I will support the student through the implementation and completion of the proposed research.

\_\_\_\_\_  
Signature of Professor

\_\_\_\_\_  
Date

Name of Supervising Professor: \_\_\_\_\_

Title of Professor: \_\_\_\_\_

Professor Phone Number: \_\_\_\_\_

Professor Email: \_\_\_\_\_

