

Report of Completion of Qualifying Task

Student's Name _____	BU ID# _____
Major Advisor _____	Program _____

**Task Type:**

- |                          |                       |                        |
|--------------------------|-----------------------|------------------------|
| <b>Literature Review</b> | <b>Grant Proposal</b> | <b>Research Paper</b>  |
| <b>Grant Application</b> | <b>Oral Exam</b>      | <b>Other (Explain)</b> |

Task Submission Date: \_\_\_\_\_

(Note: submission date must be 6 months or less from the date of approval)

*Initial Determinations:*

Committee Member #1:	Committee Member #2:	Committee Member #3 (if applicable):
___ Accept	___ Accept	___ Accept
___ Revise and Resubmit	___ Revise and Resubmit	___ Revise and Resubmit
___ Reject	___ Reject	___ Reject

**If Final Decision is Accept or Reject**, committee members sign on page 2.

**If Final Decision is Revise & Resubmit:**

Date of student notification with requested revisions: \_\_\_\_\_

Resubmission date: \_\_\_\_\_

(Note: Resubmission date must be 4 weeks or less from the resubmission request date from the first reader)

*Resubmission Determinations:*

Committee Member #1:	Committee Member #2:	Committee Member #3 (if applicable):
___ Accept	___ Accept	___ Accept
___ Reject	___ Reject	___ Reject

Final Decision Date: \_\_\_\_\_

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*First Reader Signature*

*Date*

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*Second Reader Signature*

*Date*

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*Third Reader Signature (if applicable)*

*Date*

**Return to:**

**Wheelock College of Education  
& Human Development Office of Student Records**

**2 Silber Way Room 115**

**Boston, MA 02215**

**wherec@bu.edu**