



FACULTY OF GRADUATE STUDIES AND RESEARCH
CERTIFICATION OF RESEARCH PRACTICUM WORK

We, the undersigned, certify that _____, candidate for the Degree of Master of Social Work, has successfully fulfilled all the requirements of the Research Practicum and has satisfactorily demonstrated knowledge of research and field as agreed to under the original Research Practicum Proposal.

Signature of Professional Associate

Agency

Signature of Academic Supervisor

Date

RESEARCH PRACTICUM REPORT

Title:

This Report has been read and approved by:

Academic Supervisor

Date

Committee Member

Date

Approval of Research Practicum Report by MSW Program Coordinator/Dean or Associate Dean of Social Work

Signature

Date