



UNIVERSITY of DENVER

OFFICE OF GRADUATE STUDIES

Return this form to
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Tool/Research Requirement

Name: _____

DU ID Number: _____

Department/Major: _____

Degree: _____

The department research/tool requirements have been satisfied in the following areas:

Table with 2 columns: Description, Date Completed. Three rows for data entry.

Department Chairperson: _____ Date: _____

Associate Provost: _____ Date: _____