Permission of Instructor Course Action Form
EXST 7084 Practicum in Statistical Consulting II

Student: _____________________________________________________________________
(Print your name, last name first.)

TO THE STUDENT: For each item below indicate the number of consulting projects in which you
have participated that meet the qualification and indicate the Consulting Lab project number(s) that
corresponds. Copies of consulting reports for each of the referenced projects outlining the specifics
of your involvement must be attached before submitting this form to your major professor.

_____ total consulting projects (Project # ________________________________ )
_____ one session projects (Project # ________________________________ )

My role was:
_____ primarily observational (Project # ________________________________ )
_____ significant role in leading the session (Project # ________________________________ )
_____ met with the client on my own (Project # ________________________________ )
_____ helped with data entry (Project # ________________________________ )
_____ helped with computer programming (Project # ________________________________ )
_____ helped with interpreting results (Project # ________________________________ )

TO THE FACULTY: The above student has registered for EXST 7084 for the _____________
semester and has named you as the major professor and/or supervising instructor. EXST 7084 is
a Permission of Instructor course; you must give consent for this student to register for EXST
7084. By consenting you will be acknowledging that the student has consulting project(s) lined
up that you (or possibly some other faculty member) will supervise that will meet the
requirements for EXST 7084 (catalog description: Primary responsibility for statistical
consulting projects under the supervision of graduate faculty). You will be listed as the
instructor of record and thus will assign a grade (Pass/Fail) and sign the grade sheet for this
student at the end of the semester.

After review of the student’s previous consulting experience (summarized above; more complete
detail in the attached consulting reports), Please check the appropriate action (APPROVE or
REJECT) and sign below. This form should be returned to room 161 as soon as possible.

Action: □ APPROVE    □ REJECT

Major Professor Signature ___________________________ Date ______

Supervising Faculty Signature (if other than major professor) ___________________________ Date ______