

NOVA SOUTHEASTERN UNIVERSITY
MATL Action Research Project
VERIFICATION COVER SHEET

(to be completed by the student)

MATL Student Name: _____

NSU ID #: _____

NSU Email address: _____

Home Address: _____

Phone: (home and day/work) _____

ARP School Site Where Project was Implemented: _____

Dates of Implementation: _____

School Site Address and Phone: _____

ARP One-sentence Problem Statement: _____

(to be completed by the verifier)

Verifier's Name: _____

Verifier's Position at School Site: _____

Verifier's Phone: _____

To the verifier: Please write a very brief overview statement (three to five sentences) acknowledging that this project occurred and was shared with you by the above student. Please comment on the impact of the project (Handwritten):

Verifier's Signature/Date:

Advisor's Name: _____ Final Grade: P F

Advisor's Signature/Date: _____ Course: MATL ARP