**Comprehensive-Integrative Critical Literature Review Defense Approval Form**

**Chair Directions**: Submission of this form indicates that the student has successfully completed her/his Comprehensive-Integrative Critical Literature Review (CICLR). This completed form must be submitted to the CECP office with any necessary comments. See the COPS Student Handbook for complete instructions.

**Passing Score**: To successfully complete the CICLR, a student must receive a composite (i.e., two of three faculty must rate “Meets Expectations” or higher for each rubric item below) rating by the CILCR committee of either “Meets Expectations” or “Exceeds Expectations” in all categories.

**Student Information**

Student Name:

CICLR Title:

Defense Date:

1. **CICLR Defense**

The CICLR committee voted by a number of \_\_\_ to accept \_\_\_ not accept this CICLR.

Check one of the following:

1. \_\_\_ Approved with no revisions.
2. \_\_\_ Approved with required revisions to be reviewed by the chair only;

 due date \_\_\_\_\_.

1. \_\_\_ Approved with required revisions to be reviewed by the committee;

 due date \_\_\_\_\_.

1. \_\_\_ Failed CICLR defense (a failed defense requires comments).

The CICLR proposal should be rated in terms of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rubric Items | Does Not Meet Expectations | Below Expectations | Meets Expectations | Exceeds Expectations |
| 1. Comprehensiveness of the Literature Review.
 |  |  |  |  |
| 1. Clarity of the writing.
 |  |  |  |  |
| 1. Quality of critical analysis in the CICLR.
 |  |  |  |  |
| 1. Quality of the review of ethical concerns in research.
 |  |  |  |  |
| 1. Clarity and quality of the oral presentation of the CICLR defense.
 |  |  |  |  |

1. **CICLR Committee:** Three members are required for a committee. **Bolded** items indicate the minimum number of required CICLR committee members.

|  |  |
| --- | --- |
| **Typed Committee Member Name** | **Signature** |
| **CICLR Chair\***  |  |  |
| **Committee Member\*** |  |  |
| **Committee Member\*** |  |  |
| Committee Member\* |  |  |
| Committee Member\* |  |  |

\*My typed name on this form serves as my signature and agreement with the contents of this form.

# Comments (continue on back or use additional pages):