



**M.S. PROJECT OPTION COMMITTEE NOMINATION**

*Deadline: 3 weeks prior to your presentation*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Defense Date: \_\_\_\_\_ Defense Time: \_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

Abstract:

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The project paper has been reviewed. The following faculty are nominated to serve as the M.S. Project-Option Committee for the above-named student (please print names below):

1. \_\_\_\_\_ Department \_\_\_\_\_  
Committee Chair

2. \_\_\_\_\_ Department \_\_\_\_\_  
Member

\_\_\_\_\_ Date \_\_\_\_\_  
Faculty Advisor/Committee Chair Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Graduate Advisor Signature

Comments:

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