

MS PROJECT OPTION COMMITTEE NOMINATION

Deadline: 3 weeks prior to your presentation

Name: _____ Student ID: _____

Defense Date: _____ Defense Time: _____

Project Title: _____

Abstract: _____

The following faculty are nominated to serve on the MS Project option committee for the above-named student (please print names below):

1. _____
Committee Chair Department

2. _____
Member Department

Faculty Advisor/Committee Chair Signature Date

Graduate Advisor Signature Date

Comments:
