

**Form C: M.A. Research Project Option — Advisor, Committee,
M.A. Project**

Student Name: _____

ID#: _____

Advisor: _____

Date: _____

M.A. Research Project committee members:

Date: _____

Date: _____

M.A. Research Project title: _____

M.A. Research Project proposal approval date: _____

Committee signatures: _____

Approval for M.A. Research Project defense:

Approval date: _____

Defense date: _____

Committee signatures: _____

Defense outcome:

M.A. Research Project grade: _____

(‘0’ – fail; ‘1’ – pass without admission to the Ph.D. program; ‘2’ – pass with admission to the Ph.D. program)