

Form C: M.A. Research Project and Oral Examination

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 Approved: _____

Committee Signatures: _____

M.A. Research Project - Oral Examination:

Oral Examination Date: _____

Committee Signatures: _____

Oral Examination Outcome: _____

Date Final/Approved Written M.A. Research Project Deposited: _____