

M.S. PAPER COMPLETION REPORT

Student's Name _____

Title of Paper _____

Presentation was held on _____
(date) (Time) (Location)

Committee Remarks:

APPROVAL OF PAPER

Committee Members
(Please print names.)

Signatures

Date

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| _____ | _____ | _____ |
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| _____ | _____ | _____ |

Department Head's Signature:

Date

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Upon completion of the paper presentation and approval of the final version of the paper, the committee members and the Department Head must sign this form. After all signatures are received, this form should be returned to the Department's Graduate Staff Coordinator for inclusion in the student's file. This report serves as proof that the paper has been completed and approved by the Department.