

# 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**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Director of Graduate Studies 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.