Memorandum of MS Project Completion

Instructions: (1) Please fill out the form in your last semester in the degree program before the deadline for graduation application. (2) Email this form to the Graduate Program Director one month before the semester ends. No signatures are needed. (3) Bring the completed form to your presentation and have it signed by the academic advisor and committee members after presentation. (4) Submit the form with the signatures to the Graduate Program Director before classes end in the same semester.

Last Name: _____ First Name: _____ Middle Name: _____

Degree Program: ☐ MSCE ☐ MSENV   PID _____

Email: _____ Work Phone: _____ Cell Phone: _____

Date of Initial Enrollment: ☐ Fall ☐ Spring ☐ Summer   Year: _____

Expected Graduation Date: ☐ Fall ☐ Spring ☐ Summer   Year: _____

Project Title _____

_____

Abstract:

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Date and Time of Presentation: _____ Room _____

Approved by	Name:	Signature:	Date:
Major Professor:	_____	_____	_____
Committee Member:	_____	_____	_____
Committee Member:	_____	_____	_____
Graduate Program Director:	_____	_____	_____
Chair:	_____	_____	_____