Special Project Acceptance

Name:		Student I.D.:
Address:		
City:	State:	Zip Code:
Program:		Number of Credits Completed:
Title of Special Project:		
Name of Special Project Advisor:		
Name of Special Project Reader:		
Name of Special Project Reader:		
Chairparson		

Special Project Acceptance

Abstract: The abstract is to be no more than 250 words in English understandable by a lay reader. The abstract is to indicate the nature of the Special Project, Thesis or Dissertation, any hypotheses to be tested, and any research methodology and/or statistical procedures used.

Date of Completion of Special Project: ______(mm/dd/yyyy)

Special Project Acceptance

(To be filled out by Special Project Advisor)

Advisor/Reader/Chairperson Statement: We, the undersigned faculty, have reviewed t	he
Special Project entitled submitted by	by
The project was completed and submitted in an appropria	ate
format or venue and the summary of the project and its processes was submitted using the	е
, a generally accept format within the	
(If other, please specify the format style here.)	
We have also reviewed the content of the special project summary, and any product associated associations and the special project summary.	ciated
with it and find the content and product at a generally accepted level for graduate education	on at
the Masters level, and the overall nature of the special project suitable as the capstone for	the
Signature of Special Project Advisor:	
Date: (mm/dd/yyyy)	
Signature of Special Project Reader:	
Date: (mm/dd/yyyy)	
Signature of Special Project Reader:	
Date: (mm/dd/yyyy)	
Signature of Chairperson:	
Date: (<i>mm/dd/yyyy</i>)	