

MASTER'S TERMINAL PROJECT COMMITTEE FORM

Section 1: To be completed by Student (return by email to the Graduate Program Secretary)

Student's Name	
Specialization	Location
Home Address	
Email Address:(SIUE)	
,	(HOME) Work/Cell #
	Work/Cell # _ Proposed Reader:
Project Title	
Anticipated Graduation Date	
Section 2: To Be Completed by Chair (return by email to the Graduate Program Secretary)	
Please confirm your agreement to serve on the Master's Terminal Project Committee for the student indicated above by typing your name and today's date and selecting the appropriate button.	
1	
To act as Chair of the above-named student's Master's Terminal Project Committee	
Date	
Section 3: To Be Completed by Reader (return by email to the Graduate Program Secretary)	
Please confirm your agreement to serve on the Master's Terminal Project Committee for the student indicated above by typing your name and today's date and selecting the appropriate button.	
I	
To act as Reader of the above-named student's Master's Terminal Project Committee	
Date	
For Office Use Only:	linitatining.
Date Received from Student: Date Received Chair Acceptance:	
Date Received Reader Acceptance:	