



MA Special Project Approval

NAME OF STUDENT: \_\_\_\_\_ FIDN: \_\_\_\_\_ Semester: \_\_\_\_\_

Project Title (also attach project description): \_\_\_\_\_

Faculty Signature

Print Last Name

Date

Mentor Approval:

\_\_\_\_\_

Evaluator Approval:

\_\_\_\_\_

Date \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_