Please complete the top section of this form and give it to your committee Chair at the time of presentation.

Student Name: ___________________________ SID # ________________

Last Name, First Name

Project/Thesis Title: ________________________________________________

Current Semester: ________________________________________________

Circle One: ME 295A ME 295B ME 299 (1) ME 299 (II)

Committee Members: 1. (Chair)

2. __________________________________________

3. __________________________________________

For Committee’s Action:

Draft Report Decision

Approve / Disapprove

Comment: __________________________________________

Presentation Approve / Disapprove

Comment: __________________________________________

Signed by:
Committee Chair: ___________________________ Date: ___________

Members: __________________________________________

For Graduate Program Advisor’s Action (2nd Semester Only):

Hardbound copies received on: ____________________________

Culminating Experience form processed on: __________________________

For Committee Chair’s Action: This form to be returned to the Course Instructor within one week of the student presentation & prior to the semester grade due date.