

Name: _____
Last First

ID: _____

Andrews University

REPORT OF COMPLETION OF PROJECT Master's Program

School: _____

Department: _____

Degree: _____

Emphasis: _____

Anticipated Grad. Date: _____

Bulletin: _____

Mailing address: _____
_____ Phone: _____

PROJECT TITLE

Members of the project committee (minimum of 2):

1. _____ (chair)
2. _____
3. _____
4. _____

COMMENTS

Class Registration: Number: _____
Semester: _____

Credits: _____
Grade: _____

Project Committee Chair

Date

Department Chair/Program Director

Date