

MARQUETTE UNIVERSITY GRADUATE SCHOOL

MASTER'S THESIS / ESSAY / PROFESSIONAL PROJECT APPROVAL FORM

MASTER'S THESIS / ESSAY / PROFESSIONAL PROJECT / PUBLICATION CHAIRPERSON / DIRECTOR: Please confer with the other committee members and provide the requested feedback below concerning the acceptability of the Master's Thesis / Essay / Professional Project / Publication. Return this form to the Graduate School office.

Student Name: _____

MUID: _____

Student Program: _____

Specialization: _____

Check one: Thesis Option Essay Option Professional Project Publication Option (Dental students)

Master's Thesis /
Essay / PP
Director: _____

Master's Thesis /
Essay/ PP Title: _____

COMMITTEE MEMBERS: (Typed Name)	MEMBER'S SIGNATURES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. This Master's Thesis / Essay / PP / Publication fulfills does not fulfill the requirements for the master's degree.
2. The Committee has noted by the number of _____ to accept and _____ to not accept this Master's Thesis / Essay / PP / Publication.
3. Comments: (Remarks on critical ability, power of synthesis, contribution to the body of knowledge.) If failure, suggest ways to improve the Thesis / Essay / Professional Project / Publication, or recommend a withdrawal from the program.
4. If the vote is split or negative, the signature of the Department Chairperson / Director of Graduate Studies is required.

Signature Date

Committee Chairperson / Director's Signature Date

This form may accompany the Master's Thesis / Essay / Professional Project / Publication at the time of submission to the Graduate School office, but both this form and the thesis/essay/publication are due in the Graduate School office by the Master's Thesis / Essay submission deadline indicated in the *Graduate Bulletin*.

Date Received in the Graduate School: _____

Revised 2/2008