



## Master's Project Approval Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title of MP: \_\_\_\_\_

Brief description of project (150 words):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MP Readers:

1st Reader: \_\_\_\_\_

Name Signature

2nd Reader: \_\_\_\_\_

Name Signature

CLACS Advisor: \_\_\_\_\_

Name Signature