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COMMITTEE MEMBERS: (TYPE NAME)

MEMBER'S SIGNATURE:

FacultyName \_\_\_\_\_

\_\_\_\_\_  
Signature

FacultyName \_\_\_\_\_

\_\_\_\_\_  
Signature

FacultyName \_\_\_\_\_

\_\_\_\_\_  
Signature

This Master's paper  fulfills  does not fulfill the MSAE Professional Project program requirement.

The Committee has noted by the number  to accept, and  to not accept this Master's Professional Project.

Comments:

If the vote is split or negative, the signature of the Department Chairperson/Director of Graduate Studies is required. If failure, suggest ways to improve the professional project or recommend a withdrawal from the program.

\_\_\_\_\_  
Department Chair or Director of Graduate Studies Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

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