

FORM J

**THE AUDIOLOGY PROGRAM
MONTCLAIR STATE UNIVERSITY
APPLICATION FOR RESEARCH PROJECT PRESENTATION DATE**

Return the completed form, with all signatures, to:
The Graduate School, 4th Floor, Montclair State University, Montclair, NJ 07043

Student Name: _____ Date: _____

Address: _____ CWID #: _____

Instructions to doctoral students:

An oral presentation of the research project is required of all doctoral students. By completing this form and with the approval of all members of the student's research project committee, you are verifying that the project has met all the requirements of the doctoral program and that it is ready for final presentation. Submit this form to The Graduate School by **March 1st for May graduation, May 1st for August graduation** (students seeking an August degree conferral must include with their *Application for a Research Project Presentation Date* form letters of approval from each committee member confirming their summer availability), and by **November 1st for January graduation**. Along with this form, the student should submit 1 copy of the PowerPoint presentation which will be reviewed by the Graduate Dean. The Chair of the Research Project Committee will distribute copies of the PowerPoint to all members of the student's committee for their use in preparing for the presentation.

Research Project Title: _____

Research Project Committee

We have reviewed the proposed written manuscript of the above student's research project and deemed it ready for presentation. The following individuals have agreed to this date and signify by their signature below.

Date of Research Project Presentation _____ **Time of Presentation** _____

Chair/Advisor _____
Name _____ Signature _____ Date _____

Committee Member _____
Name _____ Signature _____ Date _____

Committee Member _____
Name _____ Signature _____ Date _____

Committee Member _____
Name _____ Signature _____ Date _____

(e-mail if off-campus: _____)

Director,
Doctoral Program _____
Name _____ Signature _____ Date _____

The Graduate School's Use Only

The above student has met all the conditions for presentation of the research project as certified by The Graduate School and received a grade of Pass.

Signature of The Graduate School Dean _____ Date _____

Distribution: The Graduate School, CHSS Dean's Office, Doctoral Program Director, Research Project Chair, Student