

FORM K

THE AUDIOLOGY PROGRAM MONTCLAIR STATE UNIVERSITY REPORT OF RESEARCH PROJECT PRESENTATION

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

Student Name: _____ CWID #: _____

Address: _____ Presentation Date: _____

_____ Program: _____

Research Project Title: _____

***Please note that the final manuscript is due to The Graduate School no later than: April 30th for May degree conferment; December 1st for January degree conferment; August 7th for August degree conferment.**

Defense being reported: First Defense Second Defense Review of Conditional Pass

(Pass – No substantive revisions; Conditional Pass – Substantive revisions; Fail – Second defense required)

Pass Conditional Pass Fail

Committee Member Signature Date

Pass Conditional Pass Fail

Committee Member Signature Date

Pass Conditional Pass Fail

Committee Member Signature Date

Pass Conditional Pass Fail

Chair/Advisor Signature Date

Doctoral Program Director certifies that the above student has met the requirement for the successful presentation of the research project.

Doctoral Program Director Signature Date

If the majority of the above votes are Conditional Pass, list the conditions and timetable for making the revision to the presentation (attach as a separate document). Indicate below the deadline by which all changes must be made:

Changes must be submitted to the Chair and/or Committee no later than: _____

The Graduate School's Use Only

The Graduate School certifies that the above student has met the requirement for successful presentation of the research project.

Signature of The Graduate School Dean Date

Distribution: The Graduate School, Doctoral Program Director, Research Project Chair, Student