



FORM FOR REPORTING DOCUMENT TITLE & COMMITTEE MEMBERS

Date:

Student R#:

Student's Name:

Major: Master's in Interdisciplinary Studies

Expected Graduation Date:

() Fall 20____ () Spring 20____ () Summer 20____

Comprehensive Component (please check one):

- () Thesis
- () Internship
- () Report
- () Written Exam
- () Portfolio

Committee Members (Please provide the email addresses for each member and designate the chair of your committee):

Chair of Committee

Email

Committee Member

Email

Committee Member

Email

Committee Member

Email