

Terminal Project Tracking Form

Conflict and Dispute Resolution Master's Program

Terminal Project (CRES 611)

Date _____

Name of student _____ Cohort number _____

Name of advisor _____

Advisor Signature _____ Date _____

I have been informed of the responsibilities of the advisor role and agree to act as the student's advisor.

Name(s) of committee member(s):

Committee member _____ Date _____

Committee member _____ Date _____

I have been informed of the responsibilities of the committee member role and agree to be a member of the student's terminal project committee.

Thesis/Project Proposal Approval Form, attached

Term dates _____

Mid term
Progress
Check in _____
(Advisor's signature required for each term)

End of term
Check in _____
(Advisor's signature required for each term)

End of term
Grade _____

Oral Defense

Date of oral defense: _____

Location of oral defense: _____

Advisor Signature _____ Date _____

The student has successfully completed his/her oral defense..

Pass No Pass Grade entered

Advisor

Date

Program Director

Date

Terminal Project Proposal Approval Form

Conflict and Dispute Resolution Master's Program

Terminal Project (CRES 611)

Student Name: _____

Thesis/Project Working Title: _____

Thesis/Project Description, attached

Advisor Name: _____

Committee Member(s) Name(s) _____

Begin date: _____ Projected completion date: _____

Approved Not approved

Advisor

Date

Committee member

Date

Committee member

Date

Program Director

Date

Student

Date

Comments: _____
