

# ME-PD SEMINAR PAPER/PROJECT APPROVAL FORM

<b>Candidate Name:</b>	
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*The candidate has successfully completed the final oral presentation of his or her seminar paper/project.*

<b>ADVISOR Name:</b>		Department:
<b>Signature:</b>		Date:

*I recommend acceptance of this seminar paper/project in partial fulfillment of this candidate's requirements for the Master of Education – Professional Development degree.*

**APPROVAL:**

\_\_\_\_\_  
ME-PD Director

\_\_\_\_\_  
Date

*Seminar papers/projects that are to be bound require the following additional signatures.*

\_\_\_\_\_  
DES Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean, CLS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of University Graduate Studies

\_\_\_\_\_  
Date

CC: Seminar Paper Advisor, ME-PD Student, CLS Associate Dean, Academic Advisor,  
Student ME-PD File

Master of Education – Professional Development

268 Morris Hall