

Student Name: _____

MUID: _____

Specialization:
(select one)

- Business Economics
 Financial Economics
 Econ Analysis
 Business and Managerial Analytics
 Marketing Research
 Self-directed

Professional Project Director: _____

Professional Project Title:

COMMITTEE MEMBERS: (TYPED NAME)

MEMBER'S SIGNATURES

Faculty Name _____

Signature

Faculty Name _____

Signature

Faculty Name _____

Signature

This Master's paper fulfills does not fulfill the MSAE Professional Project program requirement.

The Committee has noted by the number of to accept, and to not accept this Master's Professional Project.

Comments:

If the vote is split or negative, the signature of the Department Chairperson/Director of Graduate Studies is required. If failure, suggest ways to improve the professional project or recommend a withdrawal from the program.

Department Chair or Director of Graduate Studies Signature

Date

Committee Chair Signature

Date

The Master's Professional Project is submitted to and retained by the DGS of Economics. The Master's Professional Project approval form is submitted to the GSM via the DGS of Economics upon departmental approval of the Professional Project by the deadline in the graduate bulletin.

GSM Use:

Date Received _____
Date Posted to records _____
Initials _____