

Name: \_\_\_\_\_  
Last First

ID: \_\_\_\_\_

# Andrews University

## REPORT OF COMPLETION OF PROJECT Master's Program

School: \_\_\_\_\_

Department: \_\_\_\_\_

Degree: \_\_\_\_\_

Emphasis: \_\_\_\_\_

Anticipated Grad. Date: \_\_\_\_\_

Bulletin: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

### PROJECT TITLE

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Members of the project committee (minimum of 2):

1. \_\_\_\_\_ (chair)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### COMMENTS

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Class Registration: Number: \_\_\_\_\_  
Semester: \_\_\_\_\_

Credits: \_\_\_\_\_  
Grade: \_\_\_\_\_

\_\_\_\_\_  
Project Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Program Director

\_\_\_\_\_  
Date