



MS RESEARCH PAPER AGREEMENT

TO: LaDonna Bowen, Academic Advisor for Graduate Affairs

SUBJECT: Master’s Research Report for, _____

DATE: _____

RESEARCH PAPER TITLE: _____

The faculty members indicated below have agreed to serve as the readers for the Master’s Research Paper.

IMPORTANT NOTE: Faculty must sign to indicate their agreement to serve as a reader.

1ST READER NAME (PRINT): _____

SIGNATURE 1: _____

2ND READER NAME (PRINT): _____

SIGNATURE 2: _____

3RD READER NAME (PRINT): _____

SIGNATURE 3: _____

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DIRECTOR OF GRADUATE STUDIES: _____

DIRECTOR OF GRADUATE STUDIES SIGNATURE: _____