

COMM 8970
Graduate Project Completion Form
UNO School of Communication

Name: _____ NU Id#: _____

Department: School of Communication

Degree Sought: M.A.

Title of Project: _____

Project Supervisory Committee:

Name (Chairperson)

Signature

Date

Name (2nd Reader)

Signature

Date

When form is completed, please return to: Graduate Program Chair, School of
Communication