



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 (2 nd Reader)	Signature	Date

I understand the revisions (if any) to my project required or suggested by my Graduate Project Supervisory Committee.

_____	_____
Student's Signature	Date

Submission Directions:

- *Complete form**
- *Send to the Committee Chair for their digital signature and have returned to you;**
- *Send to the Committee member their digital signature and have returned to you;**
- *Add your digital signature and forward this form with all signatures to both the Graduate Program Chair (atyma@unomaha.edu) and Michelle Thies (mthies@unomaha.edu)**

Note: The proposal approval meeting with both committee members should not occur later than the fourth week of the semester in which the student intends to graduate.