

The Media School

Master's Capstone Evaluation

Student: _____

Defense Date: _____

Committee Decision

Pass _____ Fail _____ Deferred* _____

***If results are deferred, please note requirements and date by which they must be completed:**

Signatures

CHAIR of Committee: _____ Date: _____
Signature

Printed Name

Committee Member: _____ Date: _____
Signature

Printed Name

Committee Member: _____ Date: _____
Signature

Printed Name

Dir. of Grad Studies: _____ Date: _____
Signature

Printed Name