

School of Journalism and Mass Communication
Kent State University
REPORT OF PROJECT FINAL DEFENSE

Name of Candidate _____
Last First Middle

Local Address _____

Area of concentration _____

Exact title of Project

Signature of Project Committee

| Name (typed or printed) | Signature | Pass | Fail | Date |
|--------------------------------|------------------|------------------|-------------|-------------|
| | | (use check mark) | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

FINAL RESULTS: Pass _____ Fail _____*

*Attach comments or specified conditions if student fails.

Graduate Program Coordinator

Chair/Director

Date

Date