M.A.C.D. Graduation Approval

Please complete and return this form to the Director of Graduate Studies along with an unannotated printed copy of the student's comprehensive paper.

Student's name

Credit hours completed Comprehensive paper title	
This paper fulfills does not fulfill the o	curricular requirements of the M.A.C.D. program.
Reader's name	Signature
Reader's name	Signature
Signature of M.A.C.D. Program Director	Date
Signature of Department Chairnerson	l Date