

**M.A.Ed APPLIED PROJECT PROPOSAL  
COMMITTEE REQUEST**

Name: \_\_\_\_\_ 81# \_\_\_\_\_

The following have agreed to serve as members of my M.A.Ed Applied Project Proposal Review Committee:

\_\_\_\_\_, Major Professor/Chair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The committee members have agreed to meet:

\_\_\_\_\_

DATE	TIME	PLACE
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\_\_\_\_\_

Student Signature	Date
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Copies to:    Student  
                  Committee Members  
                  Graduate Coordinator