

**HDFS Departmental M.S. Non-Thesis**  
*Clinical Project Presentation and Exam Form*

Student's Name \_\_\_\_\_

Student ID # (810) \_\_\_\_\_

Exam Date \_\_\_\_\_

**I. Results of Clinical Project:** The Master's Advisory Committee reports the following action on the above clinical project. At least two of the three members must approve the clinical project before the final exam may be held.

Master's Advisory Committee (type name and sign)	Approved	Approved with Suggested Changes	Disapprove	Date
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**II. Results of examination:** The Master's Advisory Committee reports the following of the above student's final examination. At least two of three members must vote pass.

Master's Advisory Committee (type name and sign)	Pass	Pass with Suggested Changes	Fail	Date
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Graduate Coordinator \_\_\_\_\_  
Signature Date

**III. Final Approval:** (To be completed only when the advisory Committee members have approved suggested changes in either or both parts).

Major Professor \_\_\_\_\_ Date \_\_\_\_\_