

Research Project: Retake Report

NOTE: This form is to be completed at the Oral Presentation of the Research Project.

Student: _____ Date: _____

Committee Report: (to be completed by advisor)

Result of Research Project

*High Pass _____ Pass _____ **Fail _____

*If High Pass is checked, please explain what qualified the project as a high pass: _____

**If Fail is checked, the advisor must immediately contact the NACS Director or NACS Graduate Director and inform him/her of the outcome.

	Typed/printed name	Signature	Date
Advisor:	_____	_____	_____
Faculty:	_____	_____	_____
Faculty:	_____	_____	_____

Student acknowledges these results: _____
Signature Date

Approved by the Graduate Director: _____
Signature Date