

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINAL RESULTS: Pass _____ Fail _____*

*Attach comments or specified conditions if student fails.

Graduate Program Coordinator

Chair/Director

Date

Date