



Cameron School of Business



Masters of Business Administration International Finance Specialization

Practicum/Thesis Proposal Defense Approval

Name: _____

Student ID: _____ Email: _____

Select One: Ptceview Thesis

Title: _____

Date: _____ Time: _____

Location: _____

Committee Members

Chair: _____

Member: _____

Member: _____

Other (optional): _____

This form should be submitted to the ODC Graduate Coordinator upon completion of the defense.

Committee Approval:

I verify that I have read the project/thesis document and participated in the oral defense. I believe the work conforms to the requirements in the MS CSIS graduate capstone project/thesis proposal guidelines.

_____ - Check here if additional requirements attached.

Chair Date

Member Date

Member Date

Other (optional) Date

Please save a copy of this form to your documents folder before sending.

Email To: