

Report of Master's Professional Project Defense

DATE OF DEFENSE

Student KSU ID Number

Student Name

Last

First

Middle

Student Email Address

@kent.edu

Student Phone Number

Select one of the following:

No concentration

JNED concentration

Title of Project

Examining Committee

Name

Signature

Chair (Y/N)

Date

Name

Signature

Chair (Y/N)

Date

Name

Signature

Chair (Y/N)

Date

Name

Signature

Chair (Y/N)

Date

Outcome

Pass

Fail

If "Fail" is selected, add comments and conditions required for successful completion of the project.

Name

Signature

Date

Graduate Program Coordinator

Name

Signature

Date

School Director

Be sure to append any materials submitted with project defense. Include links to ensure later access to any online materials.

Revised June 2023

School of Media and Journalism