LAU
Adnan Kassar
School of Business

MSHRM - Project Approval Form

Student Name: _____

Student I.D.: _____

Project Title: _____

Program/Department: _____

Approved by:

Project Advisor: _____

Committee Member: _____

Acknowledged by Director of MSHRM: _____

Date: _____

Cc: Project Advisor, Director of MSHRM, and Student (original copy)