



MSHRM - Project Approval Form

Student Name: _____ I.D. #: _____

Project Title: _____

Program / Department: _____

Approved by:

Project Advisor: _____

Committee Member: _____

Department Chair: _____

Acknowledged by Chairperson of Management Studies Department: _____

Date: _____

cc: Project Advisor
Chairperson
Student (Original copy)