MSHRM - Project Registration Form

Student Name: _____

E-mail: _____

Student I.D.: _____

Project Proposal Title:

_____

_____

Student Signature: _____

Advisor: _____
(name and signature)

Committee Member: _____
(name and signature)

Director of Graduate Business Programs: _____
(name and signature)

Date: _____

Cc: Project Advisor, Director of Graduate Business Programs, and Student

* Student must submit a 1-2 page project proposal.

* After obtaining Committee Members' signatures, forms must be submitted to the Director of Graduate Business Programs along with student transcript.