

MC 5010: Approval of Project/Creative Component Oral Defense

Fields with an asterisk are required.

Student Name*: _____ Student ID*: _____

Degree Program*: _____

Title and Description of Project*:

Comments (Optional):

Committee Chair Electronic Signature and Date*: _____

Committee Member Electronic Signature and Date*: _____

Committee Member Electronic Signature and Date*: _____

NOTE: After all signatures have been collected, email a copy of this form to the **Graduate Coordinator**, Dr. Jared L. Johnson, jared.l.johnson@okstate.edu, and to Melissa Coldiron, melissa.coldiron@okstate.edu. A copy of this form will be placed in the student's SMSC graduate file and will be used to verify your eligibility for graduation with the Graduate College.