

RESULTS OF PROFESSIONAL STUDIES INTERNSHIP FINAL REPORT

Student Name:

Student ID:

Date:

Internship Title:

This candidate has been examined by the Graduate Advisory Committee with the following results:

Date of Examination:

Pass

Fail

If edits, changes and/or additions need to be made to the final report, list those requirements here (attach additional pages as necessary) and indicate how the revisions will be approved:

Pass

Fail

CCU Graduate Advisor Name

Signature

Date

CCU Graduate Co-Advisor Name (optional)

Signature

Date

CCU Committee Member Name

Signature

Date

CCU Committee Member Name

Signature

Date

Internship Supervisor

Signature

Date

MSCI Associate Chair of Graduate Programs

Date