Department of Communicative Disorders and Sciences
AuD Research Project

APPROVAL OF RESEARCH REPORT

Student: ________________________________

Title of Research Report: ________________________________

We, the members of the student’s Research Committee, have read and approved this student’s Research Report.

1. ________________________________ (Research Advisor) ________________________________ (signature) _____________ (date)

2. ________________________________ (Committee member) ________________________________ (signature) _____________ (date)

3. ________________________________ (Committee member) ________________________________ (signature) _____________ (date)