Department of Communicative Disorders and Sciences
AuD Research Project

APPROVAL OF PUBLIC PRESENTATION

Student: ___________________________________________

Date Presented: ______________________________________

Title of Research Presentation:

We, the members of the student’s Research Committee, have approved this student’s presentation.

1. __________________________________________  (Research Advisor)  ____________________________  (signature)  ____________________________  (date)

2. __________________________________________  (Committee member)  ____________________________  (signature)  ____________________________  (date)

3. __________________________________________  (Committee member)  ____________________________  (signature)  ____________________________  (date)