



Department of
Child Development

Project Oral Defense Form

Student Name: _____ **Coyote ID:** _____

Title of Project: _____

Location: _____

Time: _____

As committee members of this graduate student's project, we hereby accept the successful completion of the Master's Degree in Child Development.

Project Committee:

Name (Chair):

Name:

Name:

Orals Passed: Yes _____

No _____

Committee Chair Signature:

Date: