



Department of Civil Engineering
Masters Project Defense Results

Name: _____ U-Number: _____

Current Mailing Address: _____

Email Address: _____

Area of Concentration (if applicable): _____

Project Title: _____

Date of Defense: _____

COMMITTEE APPROVALS: (please print & sign your name)

Committee Chair: _____

Passed: _____ Yes _____ No

Member: _____

Passed: _____ Yes _____ No

Member: _____

Passed: _____ Yes _____ No

Member: _____

Passed: _____ Yes _____ No

Member: _____

Passed: _____ Yes _____ No