

MARQUETTE UNIVERSITY GRADUATE SCHOOL  
ESSAY APPROVAL FORM

MASTER'S ESSAY CHAIRPERSON/DIRECTOR: Please confer with the other committee members and provide the requested feedback below concerning the acceptability of the Master's Essay. Return this form to the Graduate School office.

Student Name:

MUID:

Student Program:

Specialization:

Master's Essay  
Director:

Master's Essay  
Title:

COMMITTEE MEMBERS:	MEMBER'S SIGNATURES
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<p>1. This Master's Essay <input type="checkbox"/> fulfills <input type="checkbox"/> does not fulfill the requirements for the master's degree.</p> <p>2. The Committee has noted by the number of _____ to accept and _____ to not accept the Master's Essay.</p> <p>3. Comments: (Remarks on critical ability, power of synthesis, contribution to the body of knowledge.) If failure, suggest ways to improve the dissertation, or recommend a withdrawal from the program.</p> <p>4. If the vote is split or negative, the signature of the Department Chairperson/Director of Graduate Studies is required.</p> <p style="text-align: center;">_____ Signature <span style="float: right;">Date</span></p>	

\_\_\_\_\_  
Committee Chairperson/Director's Signature

\_\_\_\_\_  
Date

This form may accompany the Master's Essay at the time of submission to the Graduate School office, but is due in the Graduate School office by the Master's Essay submission deadline indicated in the Graduate School Bulletin.

Date Received in the Graduate School:

