



**CCAS DEPARTMENT OF ORGANIZATIONAL SCIENCES AND
COMMUNICATION
SECOND YEAR PROJECT APPROVAL FORM**

The members of this student's Second Year Research Committee, having read the student's Second Year Project, all agree that it is acceptable in its current form.

DEPARTMENTAL ADVISOR

Name: _____

Signature: _____ *Date:* _____

STUDENT

Name: _____ *SS #:* _____

First semester in program: _____

Second year research title: _____

SECOND YEAR RESEARCH COMMITTEE

Director

Name: _____

Signature: _____ *Date:* _____

Title: _____

Reader

Name: _____

Signature: _____ *Date:* _____

Title: _____

Address:* _____

* Address is needed only when the Reader is not a faculty member of the Department of Organizational Sciences and Communication.