

Appendix 2

Form B-3

School of Journalism
Michigan State University

Project Defense Report

Student's name: _____

Project title: _____

Guidance Committee Signatures: _____

Project Director

2nd Reader

3rd Reader

_____ Pass ____ Provisional Pass ____ Fail ____
Date of project defense

If provisional pass, indicate conditions: _____

_____ Pass ____ Provisional Pass ____ Fail ____
Date of second defense

Signature of Project Director

copies: project director
student file

Revised 8/2012