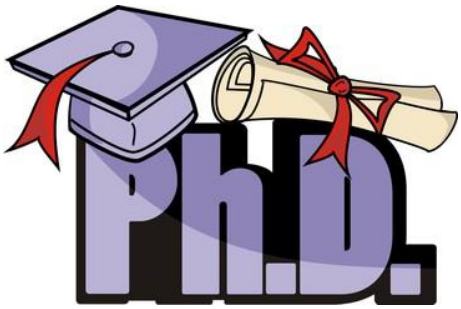

FORM 5

2nd YEAR PROJECT COMPLETION FORM

(print student's name)	(signature)	(date)
(name of 2nd Year Project		(date)
(print faculty Supervisor's name)	(signature)	(date)
(print Guidance Committee Chair's name)	(signature)	(date)

APPROVED:

(Director, Information and Media)	(date)

Information and Media
304 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517)432-1526

Cc: Student
Student File