Department of Kinesiology, Sport and Recreation Management
Thesis/Internship/Capstone Project Committee Membership Report

Name: _____ _____ __ ID#:_____
Last First MI

Mailing Address: _____

_____

_____

Concentration: _____ Track: _____

*Committee Members:

Director: _____ _____ _____
Name Signature Date

Committee Member: _____ _____ _____
Name Signature Date

Committee Member: _____ _____ _____
Name Signature Date

Committee Member: _____ _____ _____
Name Signature Date

Committee Member: _____ _____ _____
Name Signature Date

*Note: The student is responsible for giving a copy of this signed, completed to the Director and each Committee Member