Title of paper: ___________________________________________________________

Brief description of paper: ____________________________________________

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Please complete the following: (check one)
☐ Present in conference       ☐ Present in department

Student name: _______________________________________________________

Student Signature ___________________________ Date ____________________

☐ Please note that by signing and submitting this form you are committing to completing the research paper for the non-thesis option and that both paper readers have consented to reviewing the paper. Unless otherwise approved by the Graduate Program Director, failure to submit a paper after submitting this form will constitute as you having failed this requirement.

ENDORSEMENTS OF READERS: (Required)

Reader 1 signature: ___________________________ Date ____________________

Printed Name: _______________________________________________________

Reader 2 signature: ___________________________ Date ____________________

Printed Name: _______________________________________________________

APPOINTMENT BY DIRECTOR OF GRADUATE PROGRAM: ☐ Approved ☐ Denied

Signature of Graduate Program Director: ___________________________ Date ____________________

Submit form to Camille Kelly or email to Camille.Kelly@ucf.edu