GRADUATE EXIT PROJECT/ SUPERVISION FORM
MTH 696
(Agreement to Supervise)

Graduate program: MA___ MS___  Semester: ________________
(If summer indicate session)

Email: ____________________________

Student Name ______________________ ID# __________________________

Phone: ____________________________

Advisor __________________________ Credit Hours # __________

Proposed Project Title __________________________

Readings to be covered: __________________________

Papers to be written: __________________________

Conferences planned (#): _____

Signatures

Advisor ___________________________ Date __________

Student ___________________________ Date __________

Department Use Only:
Course Number _________ Section _________ Class Number _________

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To be completed when project is received and accepted:

This project has been accepted toward completion of the requirements for
the Master’s Degree in Mathematics.

Advisor’s Signature ___________________________ Date __________