



**Part III** (required signatures of Project Sponsor, Academic Advisor and MA/MSc Program Director)

**Project Sponsor's Name:** \_\_\_\_\_

Project Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Sponsor: Please list the methods of evaluation you will employ (tests, papers, critiques, etc.), and any other comments. Please verify that this student's **3.5 for graduate students**. If not, please justify the acceptance of this project.

\_\_\_\_\_  
Academic Advisor's Name/Signature Date

\_\_\_\_\_  
MA/MSc Program Director's Name/Signature Date

**Please return completed paperwork to the Graduate Programs Office [graduateprograms@aup.edu](mailto:graduateprograms@aup.edu), office LTM 203 to verify its completeness and for the Provost's consideration.**

\_\_\_\_\_  
Provost's Signature Date

☐ Approved ☐ Not Approved

Comments:

