



Department of Health and Sport Sciences
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URL <http://hss.memphis.edu>

Final Approval of the Special Project

To

[Redacted Name]

HSS Coordinator of Graduate Studies and Research

From

[Redacted Name]

Chair, Applied/Special Project Committee

Subject: Applied/Special Project Defense for:

[Redacted Name]

Student

Social Security Number

[Redacted SSN]

Major

[Redacted Major]

Concentration (check one):

EXSS

HPRO

NUTR

PETE

SLC

This student has has not passed this examination. (check one)

Special Project Title:

[Redacted Special Project Title]

ADVISORY COMMITTEE:

[Redacted Name]

, Chair

Type or Neatly Write Name

Signature of Chair / Date

[Redacted Name]

, Member

Type or Neatly Write Name

Signature of Member / Date

[Redacted Name]

, Member

Type or Neatly Write Name

Signature of Member / Date

Received

Signature of HSS Graduate Coordinator

Date

Xerox 2 copies with signatures; distribute to:

HSS Graduate Office (original)

Advisor (copy)

Student (copy)

Data Base Entry (Date): _____