

M.S. Sustainable Transportation and Logistics Culminating Experience: Master's Project Proposal

Student Name:		Person No.:	
Student Name:(Pleas	e print)		
Semester: Fall(Year)	Spring_ (Yea	Summer_	(Year)
Title of Project:			
Faculty Member Supervising	g:		
Course Number:		Credit Hours:	
Grading Scheme: Letter	_ or S/U		
Project Proposal/Overview:			
Student Signature:			
(Signa	ture)	(Please Print)	
Faculty Signature:(Signa	ture)	(Please Print)	
Director of Graduate Studies	s or	1	
Chairman Signature:(Signa	ture)	/(Please Print)	

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