

**Presentation Completion Form**  
(To be completed by the faculty attending the student presentation)

Name of Student:

Title of Report:

The internship report of the above named student HAS/ HAS NOT been accepted by the committee.

Comments:

Signature of Faculty Reader 1:

Date:

Signature of Faculty Reader 2:

Date:

Signature of Faculty Reader 2:

Date:

Signature of Graduate Program Director:  
(If not already on the committee)

Date: