



COLLEGE OF ENGINEERING and APPLIED SCIENCE

Record of Masters of Engineering Capstone Project

Name of Student:

Date of Defense:

Student Phone #:

Email address:

Program:

Candidate for the degree of: **Masters of Engineering**

We testify that the candidate was examined by us and

Passed Did Not Pass

MEng Capstone Project

Masters of Engineering Capstone Project Description Title:

Examiners:

Advisor
Print Name

Signature

Print Name

Signature

Print Name

Signature

Program of Study in File?

Yes

No

Baccalaureate Degree Checked?

Yes

No

GRADUATE DIRECTOR APPROVAL: _____

**Students graduating with MEng degree cannot continue to the MS program*