

# ST. CLOUD STATE UNIVERSITY™

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## School of Graduate Studies REQUEST TO HOLD CULMINATING PROJECT COMMITTEE MEETING

Name \_\_\_\_\_  
Last First Middle Previous

SCSU E-mail \_\_\_\_\_ SCSU Student ID \_\_\_\_\_

Graduate Program \_\_\_\_\_ Graduate Adviser \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Plan A—Thesis                          | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |
| <input type="checkbox"/> Plan B—Starred Paper                   | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |
| <input type="checkbox"/> Plan C—Project/Portfolio               | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |
| <input type="checkbox"/> Dissertation/Doctoral<br>Field Project | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |

### Important Reminder:

All requests to hold a preliminary or final committee meeting should be submitted **TWO** weeks in advance.

Conference Information \_\_\_\_\_  
Date Time Building Room Number

Committee Chair \_\_\_\_\_

Reader One \_\_\_\_\_

Reader Two \_\_\_\_\_

Additional Members \_\_\_\_\_

**Return to:** School of Graduate Studies  
121 Administrative Services Building  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498

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