KU J-School Professional Master's Project Tracking Form	
Student Name:	
Professional Masters Project:	
Project Working Title and Description:	
Date information submitted:	
Committee Chair:	Title: Department:
Committee Member 1:	Title: Department:
Committee Member 2:	Title: Department:
Professional Masters Project Defense/Presenta	ation/General Exam
Date information submitted:	
Date Defense Scheduled:	
Date of Defense:	
Committee Decision:	