



GRADUATE PROGRAM IN CONFLICT RESOLUTION AND COEXISTENCE

Masters Project/Practicum Proposal Approval Sheet
Please sign and submit electronically

Student Name: _____

Title of Project: _____

Organization or Partnership Affiliation: _____

Mailing Address: _____

Supervisor Name & Contact: _____

Student Signature: _____ Date: _____

MASTER'S PROJECT/PRACTICUM TOR HAS BEEN REVIEWED AND APPROVED BY:

Academic Advisor: _____
Name Signature Date

Field Supervisor: _____
Name Signature Date

Email Phone Number

PRACTICUM COORDINATOR APPROVAL

Signature: _____ Date: _____