



Cameron School of Business



Masters of Business Administration International Finance Specialization

Capstone Practicum/Thesis Final Defense Approval Form

Name: _____

Student ID: _____ Email: _____

Select One: _____ Practicum _____ Thesis

Title: _____

Date: _____ Time: _____

Location: _____

Committee Members

Chair: _____

Member: _____

Member: _____

Other (optional): _____

This form should be submitted to the MBA Graduate Coordinator upon completion of the defense.

Committee Approval:

I verify that I have read the practicum/thesis document and participated in the oral defense. I believe the work conforms to the requirements in the IMBA graduate capstone practicum/thesis guidelines.

___ - Check here if additional requirements attached.

Chair

Date

Member

Date

Member

Date

Other (optional)

Date