



**Department of Kinesiology, Leisure and Sport Sciences**

**Thesis/Internship/Capstone Project Committee Membership Report**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
                    Last                                      First                                      MI

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concentration: \_\_\_\_\_ Track: \_\_\_\_\_

**\*Committee Members:**

Director: \_\_\_\_\_  
                    Name                                      Signature                                      Date

Committee Member: \_\_\_\_\_  
                                    Name                                      Signature                                      Date

Committee Member: \_\_\_\_\_  
                                    Name                                      Signature                                      Date

Committee Member: \_\_\_\_\_  
                                    Name                                      Signature                                      Date

Committee Member: \_\_\_\_\_  
                                    Name                                      Signature                                      Date

\*Note: The student is responsible for giving a copy of this signed, completed form to the Director and each committee member.