

**WINONA STATE UNIVERSITY**

**Project Defense Completion Form**

**Filled out by Student**

Name \_\_\_\_\_

WSU Tech ID \_\_\_\_\_

Semester of Entry \_\_\_\_\_

Email \_\_\_\_\_

Capstone Type (Circle One)      Internship                      Research

**Graduate Committee Members**

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Member Status (Circle One)      Advisor      Member      External Member

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Member Status (Circle One)      Advisor      Member      External Member

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Member Status (Circle One)      Advisor      Member      External Member

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Member Status (Circle One)      Advisor      Member      External Member

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date