



Student Name: \_\_\_\_\_

Internship/Project Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Result of Committee Review: *(To be completed by Advisor):*

\_\_\_\_ Pass

\_\_\_\_ Pass Upon Rectifying Minor Deficiencies (as defined by the committee)

\_\_\_\_ Pass Upon Rectifying Major Deficiencies (as defined by the committee)

\_\_\_\_ Fail

Date of Final Review: \_\_\_\_\_

Examining Committee: *(Must be Graduate Faculty Members)*

Advisor: \_\_\_\_\_

\_\_\_\_\_  
Signature

Program Director: \_\_\_\_\_

\_\_\_\_\_  
Signature

Member: \_\_\_\_\_

\_\_\_\_\_  
Signature

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**SUBMIT TO:** Once completed please return to Beth Whitsett ([bwhitset@wakehealth.edu](mailto:bwhitset@wakehealth.edu)) in the Graduate School Office.

**DUE:** Deadline for all graduation requirements to be received by the Graduate School Office – see **Academic Calendar** for dates.

## INSTRUCTIONS -

Master's students completing a Research Project or Internship should complete the top section of the form as well as enter the committee member's names. The form should then be passed to the Advisor who will enter the results of the review. The student may then obtain the remaining signatures.

The student's internship or project paper may be reviewed during a joint committee meeting, or individually as determined by the members. Each member is asked to sign the form (electronic signatures are acceptable). Once completed, the Advisor and/or student is requested to send the completed form to Beth Whitsett ([bwhitset@wakehealth.edu](mailto:bwhitset@wakehealth.edu)) in the Graduate School office by the due date.

NOTE: this ballot is used in conjunction with the course grade – it DOES NOT REPLACE the submission of the grade.