



**MASTER OF PUBLIC POLICY  
MASTER'S EXAMINATION COMMITTEE FORM**

Student's Name: \_\_\_\_\_

Title of Policy Report:

\_\_\_\_\_

Abstract of Policy Report:

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\_\_\_\_\_

Approvals:

1. Committee Chair Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

2. Committee Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Committee Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. MPP Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_