

Integrative Essay Check List

Supervising Faculty Member

Name: _____ Department: _____

Course: _____

Meeting with Supervising Faculty Member Date of meeting: _____

Identification of Consulting Faculty Members

Consulting Faculty

Name: _____ Department: _____

Name: _____ Department: _____

Confirmation of Meeting with Supervisor and that the Course Professor is willing to take on the role as Supervisor for the Integrative Essay

Signature of Supervisor _____ Date: _____

Confirmation of Meeting with Consulting Faculty #1

Signature: _____ Date of Meeting: _____

Confirmation of Meeting with Consulting Faculty #2

Signature: _____ Date of Meeting: _____