



ACTION RESEARCH/MASTER'S REPORT SUBMISSION FORM

☐

ACTION RESEARCH REPORT

☐

MASTER'S REPORT

Name of Candidate: _____ Banner ID: _____

Phone: _____ Bulldog E-mail: _____

Program Major: _____

Title of Document: _____

Graduation Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

Document Submission Date: _____ Submission: ☐ First ☐ Second ☐ Third or more

CONTENT APPROVAL BY DEPARTMENT

☐

APPROVED

☐

REJECTED

Advisor Name

Signature Date

Chairperson Name

Signature Date

Note: Signatures above certify that the student gained Mastery in subject matter in the capstone document.

**Documents and Submission Form must be scanned and sent to
aamu.reviewer@aamu.edu by Department.**

FORMAT APPROVAL BY REVIEWER

☐

APPROVED

☐

REJECTED

Date of Approval: _____

AAMU Reviewer Name

Signature Date

Final Form must be submitted by AAMU Reviewer to thesisdissertation@aamu.edu