

PORTFOLIO PRESENTATION APPROVAL FORM

Name of MI Candidate: _____

Address: _____

E-Mail: _____

Intended semester and year of graduation from the MI program: _____

Date of Presentation: _____

Supervisor, convenor, or administrator (Name, address and telephone number):

Title of Presentation:

Summary of Presentation (approximately 100 words):

Audience:

Signature of supervisor, convenor, or administrator

Date

Signature of MI Coordinator

Date