

**AGREEMENT TO CONTINUE TO SUPERVISE  
MALS FINAL PROJECT**

**PROJECT:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**FACULTY SUPERVISOR:** \_\_\_\_\_

I agree to continue supervising this MALS final project during the following term:

Summer        \_\_\_\_\_

Fall            \_\_\_\_\_

Spring        \_\_\_\_\_

Our next meeting is scheduled for: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Comments:**

Return this form to

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001-E Allen Building  
Box 90095  
Duke University  
Durham, NC 27708  
Fax (919) 681-8905