

Master's Project Approval Form Graduate Education Office, Bldg. 52-E47

Instructions for completion of this form are located on the Graduate Education Office's website at <http://www.grad.calpoly.edu>

Student Information

_____	_____	_____
Last/Family Name	First Name	Middle Name
Student ID#: _____	Cal Poly Email Address: _____	
Daytime Phone: _____		
Degree Objective: _____		
College: _____	Date Submitted: _____	

Have you completed the Career Services Graduate Status Report survey?

Yes, I have completed the survey No, I have not completed the survey Unknown

Project Review and Acceptance (Original Signatures Required)

Project Report Title

The project report has been reviewed and accepted by:

_____	_____	_____
Project Advisor/COMMITTEE CHAIR, signature	Printed Name	Date
_____	_____	_____
Optional, COMMITTEE MEMBER, signature	Printed Name	Date
_____	_____	_____
Optional, COMMITTEE MEMBER, signature	Printed Name	Date
_____	_____	_____
Graduate Coordinator, signature	Printed Name	Date

Graduate Education Office

Graduate Education Signature Review Completion Date Graduation Date

Return your completed form to:
Graduate Education Office, Bldg. 52, Room E47
California Polytechnic State University, San Luis Obispo, CA 93407