

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

\* Attach your Digital Archiving Receipt to this form.

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

### Thesis Review and Acceptance (Original Signatures Required)

Thesis Title

\_\_\_\_\_

\_\_\_\_\_

The final thesis has been reviewed and accepted by:

_____	_____	_____
Advisor/COMMITTEE CHAIR, signature	Printed Name	Date
_____	_____	_____
COMMITTEE MEMBER, signature	Printed Name	Date
_____	_____	_____
COMMITTEE MEMBER, signature	Printed Name	Date
_____	_____	_____
COMMITTEE MEMBER, signature	Printed Name	Date

My advisory committee and I agree that the above mentioned thesis be placed in the DigitalCommons@CalPoly with the following status: (choose one)

**Option 1:** Provide open access (worldwide distribution) to the electronic thesis. (Most theses fall in this category)

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Have you signed an NDA for your thesis?     Yes     No    Reason:     Patent     Security     Other: \_\_\_\_\_

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### Student Agreement

I certify that, if appropriate, I have obtained a written permission statement from the owner(s) of each third party copyrighted matter to be included in my thesis. I certify that the version I submitted is the same as that approved by my advisory committee. I grant California Polytechnic State University the non-exclusive license to archive and make accessible, under the conditions specified in this form, my thesis is now or hereafter known. I retain all ownership rights to the copyright of this thesis.

**NOTE:** All graduate students are required to maintain **continuous enrollment** from the time of first enrollment until the completion of their degree regardless of catalog cycle. Students who fail to fulfill the **continuous enrollment** requirement will not be permitted to graduate.

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Student, signature

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Date

### Graduate Education Office

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This thesis has been submitted to the Graduate Education Office of Cal Poly for further review.

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Graduate Education

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Signature

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Review Completion Date

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Graduation Date

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