Master’s Project Approval Form
Graduate Education Office, Bldg. 52-D27

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

What are your next steps after graduation?

☐ Received job offer    ☐ Additional education    ☐ Unknown at this time

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 D27
California Polytechnic State University, San Luis Obispo CA 93407