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 ________________________________  Date Submitted ________________________________

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

What is your culminating event?  ☐ THESIS  ☐ PROJECT  ☐ EXAM

I. Thesis Review and Acceptance (Original Signatures Required)

Thesis Title

________________________________________________________________________

The final thesis has been approved 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/project document be placed in the DigitalCommons@CalPoly with the following status: (choose one)

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

☐ Option 2: Restrict access to the electronic thesis/project for a period of (select one):  ☐ 1 year  ☐ 3 years

Have you signed an NDA for your thesis or project? ☐ Yes  ☐ No  Reason: ☐ Patent  ☐ Security  ☐ Other: __________________________
Master’s Culminating Experience Approval Form
Graduate Education Office Bldg. 52-E47

**Student Agreement** (Required only for students completing a thesis)
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 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.

_________________________          ____________________________
STUDENT, signature            Date

**II. Project Review and Acceptance** (Original Signatures Required)

Project Report Title

The project report has been approved and accepted by:

_________________________          ____________________________
Project Advisor/COMMITTEE Chair, signature      Printed name            Date

_________________________          ____________________________
Optional: COMMITTEE MEMBER, signature        Printed name             Date

_________________________          ____________________________
Graduate Coordinator, signature        Printed name             Date

**III. Comprehensive Exam**

I certify that on ________________, the above-named student has satisfactorily completed the comprehensive Master’s examination. A record of the examination questions and responses are being maintained by the graduate coordinator for this program. Note that the Chancellor’s Office requires that non-thesis oral presentations be recorded.

_________________________          ____________________________
Exam Administrator, signature      Printed name            Date

_________________________          ____________________________
Graduate Coordinator, signature        Printed name             Date

**Graduate Education Office**

This copy of a thesis/project report has been reviewed and meets the format requirements established by the University.

_________________________          ____________________________
Graduate Education Director       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