

Master's Culminating Experience 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

What is your culminating event? THESIS PROJECT EXAM

I. Thesis Review and Acceptance (Original Signatures Required)

Thesis Title

The final thesis/project report 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/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: _____

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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 reviewed and accepted by:

Project Advisor/ COMMITTEE Chair, signature

Printed name

Date

Optional: COMMITTEE MEMBERS, 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 submitted to the Graduate Education Office of Cal Poly for further review.

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