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 https://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 __________________________

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