

CERTIFICATE OF APPROVAL: MASTER'S PROJECT

Student Name: _____ UIN: _____
Last First M.

Degree Program: _____ Degree Sought: _____ Program Code: 20FS

Project Title: _____

Results: _____
SATISFACTORY Project meets the standards of scholarly performance expected of master's candidates in the field.

_____ **UNSATISFACTORY** Project lacks the minimum criteria for approval.

Grade Change: _____
 (Indicate below any research courses requiring a grade change upon completion of the project.)

Subject	Course #	Course Ref#	Credit Hours	Term	Current Grade	Final Grade

AUTHORIZED APPROVAL

Major Advisor: _____ Date: _____
 Committee: _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 Department DGS: _____ Date: _____
 Graduate College: _____ Date: _____
 _____ Date: _____