

Graduate Project Approval Form

Instructions: Complete this form and obtain the required signatures after the final project has been reviewed and approved by your committee. Your program will send a copy of your project to ScholarWorks@UA.

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| --- | --- | --- |
| STUDENT NAME | | STUDENT ID |
| EMAIL | | PHONE NUMBER |
| DEGREE (M.S., M.A., PhD) | PROGRAM | CONCENTRATION (if applicable) |

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| **Research/IRB/IACUC # (if applicable):** | **Embargo Requested? \_\_No \_\_Yes (If yes, for how long?) \_\_ 6 months \_\_1 yr \_\_2 yrs** |

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| --- | --- | --- | --- | --- | --- |
| **Project Title:** (*exactly* as it appears on your Title Page) | | | | | |
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| **Student Signature:** I hereby give my permission to the University of Alaska Anchorage to upload this project to ScholarWorks@UA and to release this project for public review. | | | | **Date:** | |
| **Approved By:** | | | | | |
| To the best of my knowledge, I, the undersigned, affirm that all recommended changes have been made to the project and all classified, confidential, and proprietary consent has been properly addressed. | | | | | |
|  | |  | | | Approved  Not Approved |
| Committee Member Signature | | Printed Name and Date | | | |
|  | |  | |  | Approved  Not Approved |
| Committee Member Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Committee Chair Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Program Chair Signature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| College DeanSignature | | Printed Name and Date | | | |
|  | |  | | | Approved  Not Approved |
| Graduate School Dean Signature | | Printed Name and Date | | | |
| Graduate School Notes: | | | | |  |
| Entered SHAQPNO: \_\_\_/\_\_\_/\_\_\_\_ | SGASADD Complete \_\_/\_\_/\_\_ | | Paperwork Complete? \_\_Yes \_\_No | Cleared to Graduate?  \_\_Yes \_\_No (Date\_\_\_/\_\_\_/\_\_) | |

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