

# PROJECT APPROVAL FORM (rev. 06/2016)



**Please fill out this form online before printing.**

Instructions: 1. Fill out the information on this form and obtain the required signatures after your final project has been reviewed and approved by your committee. 2. Upload this form at the Master's with Project link at <http://www.uaf.edu/gradsch/current/ready-to-graduate/>

NAME		STUDENT ID
EMAIL		TELEPHONE NUMBER
DEGREE (M.S., M.A. etc.)	MAJOR (English, Physics, Geology, etc.)	CONCENTRATION (Biological Oceanography, Electrical Engineering, etc.)

IRB/IACUC #, if applicable:	Embargo Requested? Yes No (If yes, for how long?) <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <i>(If yes, you MUST submit a signed physical copy of the UAF Master's Project Request for Delayed Access Form.)</i>
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**STUDENT CONSENT TO RELEASE:**

**PROJECT TITLE** (This title **must** match the title on your Title Page)

By signing below, I hereby give my permission to the University of Alaska Fairbanks to upload this project to ScholarWorks@UA, and to release this document for public review:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED COMMITTEE SIGNATURES** (YOUR PROJECT WILL NOT BE ACCEPTED IF SIGNATURES ARE MISSING)

To the best of our knowledge, we, the undersigned, affirm that all recommended changes have been made to the project and, if applicable, all classified, confidential, and proprietary content has been properly addressed.

		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member / Co-chair signature (Please circle one)	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Committee Chair / Co-Chair Signature (Please circle one)	Printed Name and Date	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Department Chair Signature	Printed Name and Date	

**THIS SECTION FOR GRADUATE SCHOOL USE ONLY:**

Project received? Yes / No	In Shared Drive? Yes / No	Paperwork Complete? Yes / No	Cleared? Yes / No
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