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Approval of Project

Instructions: This form must be submitted by the last day of term. No exceptions, waivers, or extensions to this deadline will be granted. Please complete the on-line fillable portions, print, and obtain original signatures.

Student's Name: _____	Rocket ID: _____	
Degree: _____	Major: _____	
Month/Year of Graduation:	<input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> December	
Title of Project:		
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_____ Student's Signature	_____ Date	
<i>We certify that we have read the above titled document, and our signatures indicate final approval of the project.</i>		
Committee Chair:		
_____ Name (Typed or Printed)	_____ Signature	_____ Date
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_____ Name (Typed or Printed)	_____ Signature	_____ Date
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_____ Associate Dean, Degree Program	_____ Signature	_____ Date