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**Date of Defense:** \_\_\_\_\_

### Approval of Project

**Instructions:** This form must be completed and submitted in order to graduate. All fields must be completed. Due upon the completion of the project, or the last day of the term, whichever is first.

STUDENT NAME \_\_\_\_\_ ROCKET ID \_\_\_\_\_

DEGREE \_\_\_\_\_ PROGRAM \_\_\_\_\_

TITLE OF PROJECT (Required)

MONTH/YEAR OF GRADUATION:    MAY     AUGUST     DECEMBER     / \_\_\_\_\_ (Year)

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**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*We certify that we have read the above titled document and our signatures indicate final acceptance and approval of the project in partial satisfaction of degree requirements.*

#### COMMITTEE CHAIR

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### COMMITTEE MEMBERS

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ACADEMIC COLLEGE

Associate Dean's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_