

GRADUATE SCHOLARLY PAPER/PROJECT APPROVAL FORM

Please obtain the approval/signature of your faculty advisor before submitting the form to the program director.

Mr. Ms. Mrs. Last Name _____ First _____ Middle _____

DePaul ID _____

Graduate Program _____ Expected Graduation Term _____

Scholarly Paper

Scholarly Project

Paper/Project Title

1. I have read the guidelines for the scholarly paper/project.
2. I understand that no extensions to the agreed upon due date of _____ will be made for the final submission of the scholarly paper/project.
3. I understand it is my responsibility to maintain contact with my faculty advisor through the duration of completing my scholarly paper/project.

Additional Requirements (to be filled out by faculty member and student):

1. _____
2. _____
3. _____
4. _____

Faculty Member _____
Signature _____ Date _____

Graduate Program Director _____
Signature _____ Date _____

Student _____
Signature _____ Date _____