CERTIFICATE OF APPROVAL: MASTER'S PROJECT

UIC GRADUATE COLLEGE
UNIVERSITY OF ILLINOIS AT CHICAGO
601 S. Morgan Street (MC 192)
http://grad.uic.edu/

Student Name: _____ UIN: _____
Last First M.

Degree Program: _____ Degree Sought: _____ Program Code: 20FS _____

Project Title: _____

Results:

_____ SATISFACTORY — Project meets the standards of scholarly performance expected of master's candidates in the field.

_____ UNSATISFACTORY — Project lacks the minimum criteria for approval.

Grade Change:
(Indicate below any research courses requiring a grade change upon completion of the project.)

Subject	Course #	Course Ref#	Credit Hours	Term	Current Grade	Final Grade

AUTHORIZED APPROVAL

Major Advisor: _____ Date: _____

Committee: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Department DGS: _____ Date: _____

Graduate College: _____ Date: _____