

CALIFORNIA STATE UNIVERSITY, FRESNO
Division of Graduate Studies

Library-Bound Project Recommendation
(This form must be typed)

Name _____ Degree _____
 Last First MI

Address _____ Major _____
 Street Apt.

_____ Grad. Date _____
 City State ZIP

Telephone () _____ SS# _____

Full Project Title _____

Authorization:

We, the undersigned, certify that the project of the following student meets the required standards of scholarship of the university and the student's graduate degree program and is ready to be reviewed for placement in the university library.

<u>Signature</u>	<u>Print name</u>	<u>Date</u>
_____	_____	_____
Project chair		
_____	_____	_____
Committee member (as appropriate)		
_____	_____	_____
Committee member (as appropriate)		
_____	_____	_____
Graduate Program Coordinator		
_____	_____	_____
College/School Dean (if required)		

After obtaining signatures, submit this form and project narrative and documents to the Division of Graduate Studies, Thomas Administration Building, room 132.

For the University Graduate Committee:

Dean, Division of Graduate Studies