

CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO
SENIOR PROJECT REQUIREMENT FORM

TO COMPLETE THIS ONLINE FORM:

Date _____

STUDENTS:

- Position your cursor in each shaded area to enter information. Use the tab key to move to the next area.
- Enter the author's name as it is used on the title page. If there is more than one author, list them in the same order as on the title page. Please enter each author's birth month and year (ex. 12/1979).
- When entering the title, please double-check the spelling and word order on the title page.
- Please enter the full name of the department.
- Print **2 copies** of the completed form and deliver them to your department with the **unbound** project and the cashier's receipt for the \$6.00 processing fee, all in a manila envelope. Your department may require additional copies of the form. Please consult with your advisor.
- Keep a copy of your project for your files.

DEPARTMENT:

- The advisor or department head should sign **2 copies** of the form for the library. Please make additional copies if necessary for department use.
- Attach cashier's receipt to library forms and send with unbound project in a manila envelope to: LIBRARY - SENIOR PROJECT.

For more information about submitting senior projects to the library: from the Library's Home Page (<http://www.lib.calpoly.edu>) select "Senior Projects," or call 756-2535, or email: senior-project@library.calpoly.edu.

STUDENT(S) NAME (S) (last name first) _____ BIRTHDATE (S) _____

100 1_ Last First Middle (see title page) birth month/year

700 1_ _____

700 1_ _____

DEPARTMENT (S) _____ DEGREE: BA _____ BFA _____ BS _____
_____ DEGREE: BA _____ BFA _____ BS _____
_____ DEGREE: BA _____ BFA _____ BS _____

SENIOR PROJECT TITLE (please use exactly the same title as on title page):

245 _____

NUMBER OF PAGES (incl. title page, etc.) _____ ILLUSTRATIONS (incl. pictures, graphs, etc.)? YES _____ NO _____

SENIOR PROJECT ADVISOR APPROVAL

The attached Senior Project has been reviewed and meets the requirements established by the department.

Typed Advisor's name Signature Phone # Date

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