

Graduate Interdisciplinary
Project Approval Form

Instructions: Complete the information on this form and obtain the required signatures after the final project has been reviewed and approved by your committee. Your “home” department will send a copy of your project to ScholarWorks@UA along with any waiver forms required.

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| --- | --- |
| STUDENT NAME | STUDENT ID |
| EMAIL | PHONE NUMBER |
| DEGREE (M.S., M.A., PhD)  | PROGRAM | CONCENTRATION (if applicable) |

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| --- | --- |
| **Research/IRB/IACUC # (if applicable):** | **Embargo Requested? \_\_No \_\_ Yes (If yes, for how long?) 6 months 1 yr 2 yrs**  |

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| **Project Title:** (*exactly* as it appears on your Title page) |
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| **Student Signature:** By signing below, I hereby give my permission to the University of Alaska Anchorage to upload this project to ScholarWorks@UA, and to release this project for public review. | **Date:** |
| **Interdisciplinary Project Approved:** |
| To the best of my knowledge, I, the undersigned, affirm that all recommended changes have been made to the project and, if applicable, all classified, confidential, and proprietary consent has been properly addressed. |
|  |  | ApprovedNot Approved |
| Committee Member Signature | Printed Name and Date |
|  |  |  | ApprovedNot Approved |
| Committee Member Signature | Printed Name and Date |
|  |  | ApprovedNot Approved |
| Committee Member Signature  | Printed Name and Date |
|  |  | ApprovedNot Approved |
| Committee Co-Chair Signature (if applicable) | Printed Name and Date |
|  |  | ApprovedNot Approved |
| Committee Chair Signature | Printed Name and Date |
|  |  | ApprovedNot Approved |
| Department Director/Chair Signature | Printed Name and Date |
|  |  | ApprovedNot Approved |
| College Dean Signature | Printed Name and Date |
|  |  | ApprovedNot Approved |
| Graduate School Dean’s Signature  | Printed Name and Date |
|  |
| Graduate School Notes: |  |
| Entered SHAQPNO: \_\_\_/\_\_\_/\_\_\_\_ | SGASADD Complete \_\_/\_\_/\_\_ | Paperwork Complete? \_\_Yes \_\_No | Cleared? (Date\_\_\_/\_\_\_/\_\_\_\_) \_\_Yes \_\_No  |

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