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Last/Family Name	First Name	Middle Name	Suffix
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Degree Objective _____			
College _____		Date Submitted _____	
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II. Review and Acceptance – Required Original Signatures

The final thesis/project report has been reviewed and accepted by the Committee Chairperson and Advisory Committee.

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ADVISOR/COMMITTEE CHAIRPERSON signature	Printed name	Date

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My advisory committee and I agree that the above mentioned document be placed in the DigitalCommons@CalPoly with the following status: (choose one)

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THESIS EDITOR signature

Date

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