

SENIOR PROJECT APPROVAL FORM

ALASKA PACIFIC UNIVERSITY

PLEASE PRINT

Name of Student: _____ APU ID # or SSN: _____
Last First M.I.

Topic of Senior Project: _____

***** NOTE: Attach senior project proposal summary. *****

BEFORE PRINTING, PLEASE SELECT ONE FROM EACH OF THESE ITEMS


Course: _____ Semester Hours: _____ Year: _____ Semester: _____ Term: _____

 Student's Signature _____  _____ Date _____




Advisor: Has student completed the prerequisites for this project, e.g., Research Methods? _____ [YES / NO / NOT APPLICABLE]

Advisor: Does this project require a Risk Management Plan? _____ [YES / NO / NOT APPLICABLE]

Advisor's Signature _____  _____ Date _____

 Sr. Proj. Chair's Signature _____  _____ Date _____

LIST ANY OTHER SENIOR PROJECT COMMITTEE MEMBERS:

 _____
 _____
 _____

Academic Dean's Signature _____  _____ Date _____

_____ *Date Processed in Registrar's Office* _____ *Initials*