Approval of the Topical Studies Final Paper/Project

Name:		SID#:	
Local Address:			
Email:	Local/Cell Phone:		
Topic of Paper/Projec	t:		
Expected Graduation	Term:		
	Student's Signature		Date
Faculty Advisor:	Department:		
Email:	Campus Phone:		
ATTENTION FACULTY ADVISOR: as part of the final approval process, please attach a brief evaluation of this paper and assign a letter grade below. This paper merits a letter grade of A B C D E <i>please circle one</i>			
	Faculty Advisor's Signature		Date
When paper has be	een approved by the faculty advisor, p	please bring the paper, with this co	over sheet to 257 POT.
Cumulative GPA:	Eligible for Departmental Honors? Award Departmental Honors?	yes no yes no	
	Topical Studies Coordinator's Sig	nature	Date
	Arts & Sciences Associate Dean's Signature		Date