

Record of Ed.S. Project/Master’s Project Completion

This form is submitted by the student’s Major Professor and is used to change the grade for Ed.S./Master’s project hours (EDG 6975).

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| <i>Last Name</i> | <i>First Name</i> | <i>USF ID#</i> |
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|-------------------|----------------|---------------|
| <i>Department</i> | <i>Program</i> | <i>Degree</i> |
|-------------------|----------------|---------------|

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|---------------------------|-------------|------------------------------|
| <i>Term Degree Sought</i> | <i>Year</i> | <i>Date Project Approved</i> |
|---------------------------|-------------|------------------------------|

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| <i>Course Number</i> | <i>Current CRN (5 Digit)</i> | <i># of Credit Hours</i> |
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Title of Project

*If this research used data related to human beings, the Major Professor certifies that USF Institutional Review Board approval was obtained.

Approvals:

| | | |
|------------------------|------------------|-------------|
| <i>Major Professor</i> | <i>Signature</i> | <i>Date</i> |
|------------------------|------------------|-------------|

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|---|------------------|-------------|
| <i>Received by College of Education</i> | <i>Signature</i> | <i>Date</i> |
|---|------------------|-------------|

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| <i>Associate Dean for Graduate Education</i> | <i>Signature</i> | <i>Date</i> |
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| <i>College Graduation Certifier</i> | <i>Signature</i> | <i>Date</i> |
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Routing of Form

- The Major Professor submits the Record of Ed.S. Project/Master’s Project Completion form and a hard copy of the project to the Graduate Support Office for the Associate Dean of Graduate Education and College Graduation Certifier’s approval **at least 3 weeks before the end of the term.**
- Once signed by all College parties, the Record of Ed.S. Project/Master’s Project Completion form will be forwarded to the attention of Indrea Pope (Enrollment Management Analyst) and copied to Rolanda Lewis (Associate University Registrar) at the Registrar’s Office for processing and grade change.

Registrar’s Use Only:
 Date Processed: _____
 By: _____