

# SENIOR PROJECT REQUIREMENT FORM

This form is required for submitting your completed electronic senior project to Robert E. Kennedy Library. Ask your department or advisor for specific department guidelines.

**For submission of your final approved Senior Project to the Library:**

- Print out and complete **1 copy** of this form for the library. Please consult with your advisor and department, as they may require additional copies.
- The student signs this form in **Section III**. The advisor signs this form in **Section IV**. Please check with your department to determine if additional signatures are required for **Section V**.
- Attach cashier's receipt to this completed form and deliver to your academic department.
- Department will forward to: LIBRARY - SENIOR PROJECT.
- **Student will be responsible for uploading electronic version of senior project to the University's digital archive.** Upload instructions are available at <http://lib.calpoly.edu/seniorprojects/>. The library no longer collects paper submissions.
- Please note that your academic department may require a paper copy of the project or additional copies of this form. Please consult with your advisor.
- Student is responsible for retaining a copy of the senior project for his or her files.

Questions?

Phone: 805.756.2535

Email: [senior.project@lib.calpoly.edu](mailto:senior.project@lib.calpoly.edu)

Online: <http://lib.calpoly.edu/seniorprojects/>

**I. AUTHOR(S) INFORMATION** Enter student name(s) as used on the title page. If more than one author, list names in the order they appear on title page.

Last name	First name	Middle Name	Birth Year (e.g. 1988)	Department (Full name)	Degree (e.g. BA)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**II. SENIOR PROJECT TITLE** Enter the title exactly as it appears on title page.

TITLE:

\_\_\_\_\_

\_\_\_\_\_

**ILLUSTRATIONS (incl. pictures, graphs, etc.)** ☐ YES ☐ NO

**III. STUDENT AGREEMENT**

On behalf of authors listed in **Section I** above, I certify that, if appropriate, I have obtained a written permission statement from the owner(s) of each third party copyrighted matter to be included in my project, allowing distribution and access as specified in **Section IV**. I certify that the version I will submit electronically to the library is the same as that approved by my advisor. I understand that I am responsible for ensuring that my files are compliant with campus and CSU ADA (American Disabilities Act) policies.

I hereby grant California Polytechnic State University and its agents the non-exclusive right to archive and make accessible my senior project now or hereafter known under the conditions specified in this form and the Electronic Senior Project Information Packet. I retain all ownership rights to the copyright of this senior project. I also retain the right to use in future works (such as in articles or books) all or part of this senior project.

STUDENT signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

**IV. SENIOR PROJECT ADVISOR APPROVAL** The electronic version of the senior project can be placed in library's digital archive with the following status (select one):

☐ **Option 1:** Provide open access (worldwide distribution) to the electronic senior project. (Most senior projects fall in this category)

☐ **Option 2:** Restrict all access to the electronic senior project for a period of (select one): ☐ **1 year** ☐ **5 years**

After the access restriction expires, the status of the senior project reverts to open access (worldwide distribution).

**The Senior Project has been reviewed and meets the requirements established by the department.**

ADVISOR signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

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**V. ADDITIONAL APPROVAL SIGNATURES** Check with your department to determine if additional signatures are required from your **Department Head / Chair, Technical Advisor, Senior Project Class Instructor, Committee** or other academic department entity.

**The Senior Project has been reviewed and meets the requirements established by the department.**

_____ ADDITIONAL signature	_____ Printed name	_____ Title	_____ Date
_____ ADDITIONAL signature	_____ Printed name	_____ Title	_____ Date
_____ ADDITIONAL signature	_____ Printed name	_____ Title	_____ Date
_____ ADDITIONAL signature	_____ Printed name	_____ Title	_____ Date

**FOR LIBRARY USE ONLY**