

**39-hour Outcome Approval Form**

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| Name: |

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| UID number: |

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| Work Phone: | Home Phone: |

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| ISU Email/ULID: |

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| Current Address: |

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| Title of the 39-hour Project: |

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| Provide a brief description of the *meaningful revision(s)* made to the 39-hour paper/project, including which course the paper/project originated in: |

Signatures from the Graduate Advisory Committee indicate an evaluation of the final revision(s):

|  |  |  |  |
| --- | --- | --- | --- |
| *Name (print or type)* | *Signature* | *Pass/Fail* | *Date* |
| Chair: |  |  |  |
| Member: |  |  |  |

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\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

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Graduate Coordinator Signature