

Culminating Experience Site Approval Form

(Graduate student name)

(Graduate student CSUB ID #) (Date)

(Site Administrator)

(Date)

I agree that the site proposed is appropriate and will meet the needs of the student's capstone project.

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

I agree that the site proposed is appropriate and will meet the needs of the student's capstone project.

(Committee chair name)

(Committee chair signature)

(Date)

The Graduate Program Director provides their signature as an affirmative recommendation to the site.

(Graduate Director name)

(Graduate Director signature)

(Date)

**When completed, the student retains a copy and one copy is given to the Graduate Program Director. If there are changes in committee composition, a new form should be submitted, which will replace any previously submitted forms.*