FORM C
COLLEGE SCHOLARS PROJECT APPROVAL

_____ _____
Scholar Mentor

_____
Project Title

COMMITTEE MEMBERS
(Minimum 3 Required)

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE ATTACH A COPY OF THE SENIOR PROJECT TO THIS SHEET AND RETURN BOTH TO THE PROGRAM DIRECTOR. THIS PAGE SHOULD BE DATED AND COMPLETED ON THE DATE THAT YOUR DEFENSE IS HELD.

DATE COMPLETED _____