California State University
SAN MARCOS

Master's Degree

CULMINATING EXPERIENCE APPROVAL FORM

SOCIOLOGICAL PRACTICE

Date of CE Defense: _____

The CE Guidance Committee has reviewed the CE entitled:

_____

Written by: _____

The undersigned members of the CE Guidance Committee have agreed to the following recommendation(s):

☐ Approved

☐ Approved with changes and/or additions (see comments below, or attached)

☐ Delayed Approval (see comments below, or attached)

Comments:

Changes and/or additions to be submitted by (date or N/A): _____

Primary CE Advisor:	_____	_____	_____
	Print	*Sign*	*Date*
Second Committee Member:	_____	_____	_____
	Print	*Sign*	*Date*
Third Committee Member:	_____	_____	_____
	Print	*Sign*	*Date*

AFTER THE FINAL DEFENSE:

Revisions and/or All requirements met:	_____	_____	_____
	Primary CE Advisor -*Print*	*Sign*	*Date*
Graduate Coordinator:	_____	_____	_____
	Print	*Sign*	*Date*
Department Chair:	_____	_____	_____
	Print	*Sign*	*Date*