San Diego State University Electrical & Computer Engineering (E-426)

EE798 Project Completion

Student Name:	Last First M			Red ID#:
	Last	First	M	
Email:				Phone: _()
Title of Project:				
PROJECT CO	MMITTEE AP	PROVAL		
The student who	ese information	is stated above has c	completed a	nd presented his/her project on:
Date:				
Project Advisor	·'s Signature:			
Print Name:				
2 nd Member's S	Signature:			
Print Name:				

Important Note: This form must be submitted to the department upon approval. Students' report of the project completion WILL NOT be submitted to Graduate and Research Affairs, if this form is not in their departmental file.