

# California State University **Northridge**

## Office of Graduate Studies

### Graduate Culminating Experience Enrollment Authorization

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please check a box for the term requested:

**Spring**     **Summer**     **Fall**

Indicate the year below:

\_\_\_\_\_ **Year**

To be completed by the Department of: \_\_\_\_\_

This is to certify the above named student has fulfilled all other requirements for the master's degree but is still working on their thesis, project or comprehensive examination. Approval for Grad Culminating Experience registration permits the student to maintain continuing enrollment without the use of, or access to, any instructional services other than the library and minimal advisory assistance.

\_\_\_\_\_ I recommend enrollment in Grad Culminating Experience

\_\_\_\_\_ I Do Not recommend enrollment in Grad Culminating Experience

\_\_\_\_\_  
**Graduate Coordinator or Department Chair**

\_\_\_\_\_  
**Date**

The signature from your Graduate Coordinator or Department Chair will expire after 3 weeks. Please return this signed form to the Graduate Studies office within this time frame.

To be completed by Graduate Evaluation Services:

\_\_\_\_\_ Student is eligible for Grad Culminating Experience enrollment.

\_\_\_\_\_ Student is Not eligible for Grad Culminating Experience enrollment.

\_\_\_\_\_  
**Graduate Evaluator**

\_\_\_\_\_  
**Date**

Complete and return to the Office of Graduate Studies, University Hall Room 265