University of Balamand Libraries

Project Completion Clearance Form

To be signed by all responsible parties after the defense and the required corrections are made; then submitted to the office of the Dean of the Faculty. When the form is submitted, the grade for the project will be sent to the Registrar.

To be completed by student(s):

Names of students:	_____	_____	_____
ID#	_____	_____	_____
Signature			

Department: _____

Faculty: _____

Date Final Version Submitted on: (DD-MM-YY): _____

Permission to Copy:

We, the above signed, hereby submit this project to the University of Balamand as partial fulfillment of the requirements for a Masters degree. We agree to abide to the laws of intellectual property as stated in Item 1.3 of the *Master's Thesis and Report Guide*. I agree that the UOB Libraries may make it available to use in accordance with its regulations governing materials of this type. I further agree that quoting, photocopying, digitizing or other reproduction of this document is allowed for private study, scholarship (including teaching) and research purposes of a nonprofit nature. No copying which involves potential financial gain will be allowed without written permission of the author.

To be completed by the Project Supervisor:

☐ Students have successfully fulfilled the requirements for a Master degree from the Faculty of _____ in the Department of _____, including:

- ☐ Completed all course work with a passing grade;
- ☐ Wrote a project of acceptable quality;
- ☐ Successfully defended the project in front of the examining jury.

☐ I have reviewed the above students' project and the final version has been completed satisfactorily.

Publication Approval: ☐ YES as is presented ☐ YES with modifications ☐ No

Name of the Project Supervisor: _____

Date: _____ Signature: _____

(DD-MM-YY)

To be completed by the Library Supervisor:

☐ Project meets the specifications as set out in the Thesis & Report Guide.

☐ Have received:

- ☐ Final approved manuscript
- ☐ One CD of the Project has been received
- ☐ Signature page with required signatures

Name of the Librarian: _____

Date: _____ Signature: _____

(DD-MM-YY)