



CALIFORNIA STATE UNIVERSITY, STANISLAUS

**MASTERS IN CRIMINAL JUSTICE (MACJ)  
CULMINATING EXPERIENCE FORM**

**INSTRUCTIONS TO GRADUATE STUDENT:** Please select your culminating experience; Comprehensive Exams, or Project, or Thesis, complete the form, **secure appropriate departmental approvals**, and email the form to Monica Pope in the CJ Department at [mpope@csustan.edu](mailto:mpope@csustan.edu).

LAST NAME	FIRST NAME	STUDENT ID#	E-MAIL ADDRESS
ADDRESS	CITY	STATE/ZIP CODE	PHONE NUMBER

**COMPREHENSIVE EXAMINATION- SEMESTER -----?**

Examination date: (initial)
Examination date: (repeat)

**PROJECT TITLE AND SUPERVISORS-SEMESTER -----?**

PRINT NAME (FIRST, LAST)	
Project Title:	
Project Supervisor-Print Name:	Signature
Co-Supervisor-Print Name:	Signature

**THESIS TITLE, CHAIR AND COMMITTEE MEMBERS-SEMESTER -----?**

PRINT NAME (FIRST, LAST)	
Thesis Title:	
Committee Chair- Print Name:	Signature:
Member-Print Name:	Signature:
Member-Print Name:	Signature:

Signature of Graduate Student:	Date:
Signature of Graduate Program Director:	Date: