

Opus Verification Form

Return this completed form to the Office of Academic Programs, 1520 Dana, no later than 5PM on the **last day of scheduled classes** of the term in which the degree is expected.

Title of Opus _____

Project No. _____
(if applicable)

Key words/phrases _____

Client Name _____

Contact Name & Title _____ Email _____

Student's Name	Field of Study	UM ID	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor Signatures (print name and sign)

Name	Date
_____	_____
_____	_____

For office use only:

- _____ Initial and date
- _____ Copy of the opus received
- _____ Presented Opus
- _____ File original form in student's OAP file