

## 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. **Attach to this form: title page, abstract, DeepBlue Licensing agreement for, and send a PDF version of the opus to the School Registrar.**

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

Advisor Signatures (print name and sign)

Name	Date

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For office use only:

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