CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Office of Graduate Studies

Culminating Project Completion Form

To be completed by the graduate program coordinator. Please list all students who completed their culminating project this semester. Submit the form to the Office of Graduate Studies (gradstud@csusb.edu) by the end of the semester.

Graduate Program:_____ Course No. _____

Term Completed (i.e. Fall 2026): _____ Grad Coordinator_____

Student Name	Student ID

These students completed their culminating project by the end of the semester listed above. Their graduate project will be archived by the graduate program.

_____ _____

Graduate Coordinator Signature Date