FTVM Post-Recut Approval Form

SEMESTER & YEAR: _____

PROJECT TITLE: _____

FACULTY ADVISOR: _____

The GCC FTVM Department requires that all team members receive a cut of the final project and approve the final recut and updated project credits ***after changes have been completed***. Post-Recut Approval Forms from each team member must be turned into the Faculty Advisor or Department Chair after to work commencing.

Summary of Final Adjustments:

Changes Made:

_____

_____

_____

_____

_____

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_____

Final Role Adjustments:

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_____

By signing this form, I acknowledge the following:

1. I approve the final recut or changes to the project.

2. I confirm that all adjustments to credits and roles accurately reflect the work done.

3. I agree not to make further changes to the project without obtaining unanimous team approval.

Participant Agreement:

I, _____, approve the final recut and role adjustments as outlined above.

Participant Signature: _____ Date: _____

Participant Name (Print): _____

Non-GCC Contact Email: _____ Phone Number: _____

For Participants Under the Age of 18:

Parent/Guardian Agreement:

I, _____, as the parent/guardian of the participant, agree to the terms outlined above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____