

DEPAUL UNIVERSITY

COLLEGE OF EDUCATION

Applied Capstone Approval

CANDIDATE INFORMATION:

Student Name: _____ DePaul ID# _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Secondary Email: _____

Concentration:

Curriculum Studies _____ Higher Education _____

General Educational Leadership _____ Global Catholic Educational Leadership _____

TITLE OF CAPSTONE: _____

DATE OF ORAL EXAMINATION: _____

Capstone Approval Form Regulations:

1. Must have the capstone advisor's signature to be valid and complete. Must have signature of committee members (if applicable) to be valid.
2. Will be returned to the capstone advisor if incomplete.

This section to be completed by the capstone advisor and committee:

Signature of Capstone Advisor Date _____ Approved _____ Approved _____ Not
with Revisions Approved

Print name: _____

Signature of Committee Member Date _____ Approved _____ Approved _____ Not
with Revisions Approved

Print name: _____

Signature of Committee Member Date _____ Approved _____ Approved _____ Not
with Revisions Approved

Print name: _____

Specifications for Revision (Attach additional comments if needed):

Please return completed form to the Doctoral Program Office (COE 346). Candidates are responsible for submitting final dissertation materials to the Doctoral Program Office and to ProQuest. Submission to the Doctoral Program Office and ProQuest are graduation requirements.