

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Capstone Proposal Approval**

Student Name: \_\_\_\_\_ DePaul ID# \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

**Concentration:**

Educational Leadership \_\_\_\_\_

Global Catholic \_\_\_\_\_

Higher Education \_\_\_\_\_

Curriculum Studies \_\_\_\_\_

**TITLE OF CAPSTONE:** \_\_\_\_\_

**Capstone Proposal Approval Form:**

1. **Must have** signatures of the dissertation chair and all committee members to be valid.
2. Should be filed when the Proposal is approved by the dissertation committee. The candidate should have registered for A&S 838 or CS 838 this quarter in order to get credit for the proposal course.
3. Will be returned to the candidate if incomplete or unapproved.

**This section is to be completed by the capstone committee.**

\_\_\_\_\_  
Proposal Presented on (date)      Proposal Approved on (date)      Estimated Date of Completion

*Specification for Revision (attach additional comments if needed):*

\_\_\_\_\_  
*Committee Chair/Capstone Advisor Signature, Degree*      Date

Please print name: \_\_\_\_\_

\_\_\_\_\_  
*Committee Member Signature, Degree*      Date

Please print name: \_\_\_\_\_

\_\_\_\_\_  
*Committee Member Signature, Degree*      Date

Please print name: \_\_\_\_\_

**Please return completed form to the Doctoral Program Office (COE 319)**