

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Change in Capstone Advisor

Student Information:

Student Name: _____ DePaul ID# _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Secondary E-mail: _____

Concentration:

Curriculum Studies _____ Educational Leadership _____

Title of Candidacy Paper or Capstone: _____

NOTE: This form is to be used when a student wishes to make a change in the composition of their previously approved committee. This form must have the signature of the capstone advisor and all current committee members to be valid. This form must be approved by and include the signature of the Doctoral Program Director for the student's concentration.

Former Committee Members (Please print):

Capstone Advisor: _____ Member 3: _____

Member 2: _____

Current Committee Members:

<p>_____ <i>Capstone Advisor Signature</i></p> <p style="text-align: center;"><i>Please print name:</i> _____</p>	<p>_____ <i>Degree</i></p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>
<p>_____ <i>Committee Member Signature</i></p> <p style="text-align: center;"><i>Please print name:</i> _____</p>	<p>_____ <i>Degree</i></p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>
<p>_____ <i>Committee Member Signature</i></p> <p style="text-align: center;"><i>Please print name:</i> _____</p>	<p>_____ <i>Degree</i></p>	<p>_____ <i>School/Institution (Current Affiliation)</i></p>

Signature of Doctoral Program Director _____ Date _____

Please return completed form to the Doctoral Program Office (COE Room 346).