

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Applied Capstone Proposal Approval**

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:** \_\_\_\_\_

**Capstone Proposal Approval Form:**

1. **Must have** signature of the capstone advisor to be valid. Must have signature of committee members (if applicable) to be valid.
2. **Must submit the approved proposal with the approval form.**
3. Should be filed when the Proposal is approved by the capstone advisor. The candidate should have registered for A&S 838 or CS 838 this quarter in order to get credit for the proposal course.
4. Will be returned to the candidate if incomplete or unapproved.

**This section is to be completed by the capstone advisor**

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

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

\_\_\_\_\_  
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 346)**