

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Capstone Advisor Form**

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

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

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

E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

**Concentration:**

Curriculum Studies, EdD \_\_\_\_\_ Educational Leadership, EdD \_\_\_\_\_

**Title of Capstone Project Paper:** \_\_\_\_\_

**Committee Form Regulations:**

1. This form must have the capstone advisor and program director's signatures to be valid and complete.
2. It is assumed that the capstone advisor will continue through the entire process unless a Change of Capstone Advisor Form is submitted.
3. Additional capstone committee members are optional. It is assumed that capstone committee members will continue through the entire process unless a Change of Capstone Advisor Form is submitted.

<hr/> <i>Capstone Advisor Signature</i> <i>Please print name:</i> _____	<hr/> <i>Degree</i>	<hr/> <i>School/Institution (Current Affiliation)</i>
<hr/> <i>Committee Member Signature</i> <i>Please print name:</i> _____	<hr/> <i>Degree</i>	<hr/> <i>School/Institution (Current Affiliation)</i>
<hr/> <i>Committee Member Signature</i> <i>Please print name:</i> _____	<hr/> <i>Degree</i>	<hr/> <i>School/Institution (Current Affiliation)</i>

SIGNATURE OF PROGRAM DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

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