

**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. 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.
3. 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)**