

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Capstone Committee Form

Student Name: _____ DePaul ID# _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Secondary E-mail: _____

Program:

- _____ Curriculum Studies, EdD
- _____ Educational Leadership: General, EdD
- _____ Educational Leadership: Higher Ed, EdD
- _____ Educational Leadership: Global Catholic, EdD

Title of Capstone Project Paper: _____

Committee Form Regulations:

1. This form must have the Capstone Chair, committee member(s) and program director's signatures to be valid and complete.
2. It is assumed that the Capstone Chair will continue through the entire process unless a Change of Capstone Committee Form is submitted.
3. A third capstone committee member is 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 Chair 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).