

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Applied Capstone Proposal Approval

Student Name: _____ DePaul ID# _____
Address: _____
Primary Phone: _____ Secondary Phone: _____
Email: _____ Secondary Email: _____

Concentration:

Curriculum Studies _____

TITLE OF DISSERTATION: _____

Dissertation Proposal Approval Form:

1. **Must have** signatures of the dissertation chair and all committee members to be valid.
2. Should be filed when the Proposal is approved by the dissertation committee. The candidate should have registered for A&S 849, CS 849, or ECE 849 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 dissertation committee.

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: _____