

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Change in Capstone Advisor**

**Student Information:**

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

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

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

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

**Concentration:**

Curriculum Studies \_\_\_\_\_

**Title of Candidacy Paper of Dissertation:** \_\_\_\_\_

*NOTE: This form is to be used when a student wishes to make a change in the composition of their previously approved committee. This form must have the signature of the chair and all current committee members to be valid. This form must be approved by and include the signature of the Doctoral Program Director for the student's concentration.*

**Former Capstone Advisor** (Please print): \_\_\_\_\_

**Current Capstone Advisor:**

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

Signature of Doctoral Program Director \_\_\_\_\_ Date \_\_\_\_\_