



Capstone Project Approval

This form is to be completed and submitted by the student to the MPP program office – Building 73, Room 237.

Due Date is _____.

Student Name: _____

Date: _____

Tentative Title of Capstone Project: _____

Faculty Chair: _____

Community Partner (if any): _____

Supervisory Committee Member: _____

Supervisory Committee Member: _____

This project has been approved by the student's supervisory chair and approved by the faculty of the MPP:

Signature Faculty Chair: _____ Date: _____

Signature Program Director: _____ Date: _____