



Capstone Completion Form

This form must submitted for completion of any degree requiring a capstone experience.

Student Name: _____

G Number: _____

Program: _____

This student has successfully completed and defended a **THESIS** entitled:

This student has successfully completed and defended a capstone **PROJECT**

This student has successfully completed an **INTERNSHIP**

This student has successfully completed a **PORTFOLIO**

This student has successfully completed the following **CERTIFICATION(s)**.

Please attach proof of certification completion.

This student has successfully completed a **COMPREHENSIVE EXAM**

This student will **NOT** complete the capstone requirement by the last day of the current semester.

Change this student from the graduation list for the _____ semester to _____ semester.

Student will complete requirements under an incomplete contract (attached).

Thesis/Project/Internship/Portfolio/Capstone Advisor Date

Thesis Committee Member (required for thesis)

Thesis Committee Member (required for thesis)

Graduate Dean

Date

NOTE: This form must be completed, signed, and forwarded to the graduate school (WITH **THREE** COPIES OF THE THESIS OR FINAL PROJECT) no later than 10 class days before the end of the semester the student wishes to graduate. The student must also email an electronic copy of the thesis or final project to graduate@missouriwestern.edu. The thesis must comply with the standards of the graduate school as well as any program requirements.