

SCHOOL OF COMMUNICATION
WESTERN MICHIGAN UNIVERSITY
Master's Program

FORM VI: DEFENSE OF CAPSTONE PROPOSAL

CAPSTONE OPTION : ☐ THESIS
 ☐ PROFESSIONAL PROJECT

The Capstone Committee reports that _____
(STUDENT NAME - PLEASE PRINT)

successfully defended her/his capstone proposal entitled: _____

CHAIR OF COMMITTEE

DEFENSE DATE

Members of Committee (*signatures required*)

☐ I've been informed of guidelines for Human Subjects Institutional Review Board (HSIRB)
and understand my personal responsibilities for upholding research ethics.

STUDENT SIGNATURE

DATE

APPROVED:

DIRECTOR, GRADUATE STUDIES

DATE

DIRECTOR, SCHOOL OF COMMUNICATION

DATE