DELAWARE STATE UNIVERSITY GRADUATE STUDIES AND RESEARCH

REPORT OF GRADUATE CAPSTONE OUTCOMES

Submission	on Date: Presentation Date:	
Candidate's	c's Name: D#:	
Degree and	nd Major (Concentration):	
Department	nt and College:	
Paper/Proje	ject Title:	
Non-Thesis	is Outcome Alternatives (check one):	
(a)	Accept the capstone document without any changes or revisions as noted by signature approval members immediately following the presentation or paper/project submission	
(b)	Accept the capstone document subject to the candidate making the recommended char signature of the Professor of record and Program Director on the approval page immedi the submission of said project or presentation. The Professor of record will be response reviewing the revised document to ensure that the recommended changes were made;	ately following ible for
(c)	Revision of the capstone document is recommended; withholding all signatures until document has been reviewed and approved by the Professor of record and Program D	
(d)	Revision of the document is recommended along with a second meeting where the sture review the document and complete the paper/project/presentation;	ıdent will
(e)	The document or presentation is determined to be unsatisfactory resulting in the stude capstone.	ent's failure of the
Professor of revisions/corre	or of record will communicate the decision to the candidate. With the exception of alternati record will attach a summary of expectations and/or processes required for completion of al prections as well as the expected timeline for completion. In the case of alternative (e), the lattach a summary of the circumstances by which the student failed the capstone.	11

Approval:

Professor of Record (Print)	(Signature)
Program Director (Print)	(Signature)
Department Chairperson or Designee (Print)	(Signature)
College Dean or Designee (Print)	(Signature)

Dean, School of Graduate, Adult and Extended Studies or Designee

DELAWARE STATE UNIVERSITY GRADUATE STUDIES & RESEARCH REVISIONS FOR GRADUATE CAPSTONE

This form will accompany the Report of Graduate Capstone Outcomes form, with the exception of alternative (a).

Submission Date:	Defense Date:				
Candidate's Name:	D#:				
Degree and Major (Concentration):					
Case/Project Study Title:					

Final recommended changes or revisions to capstone document by chairperson to graduate candidate.

Changes/Revisions		



Graduate Candidate (Print)	(Signature)	(Date)
Professor of Record (Print)	(Signature)	(Date)