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|  | Department of Occupational and Recreational Therapies |

**STATEMENT OF CAPSTONE APPROVAL**

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| The project of |  | UNID: |  |
|  | (Student Name) |  |  |
| has been approved by the following supervisory committee members: |
|  |
|  | , Chair |  |
|  | Date Approved |
|  | , Member |  |
|  | Date Approved |
|  | , Member |  |
|  | Date Approved |
|  |  |
|  |
| and by |  |  |
|  | Director of Graduate Studies |
|  |
|  |

This completed form must be received by Department’s academic coordinator 1 week prior to the end of the final semester in the program to ensure timely graduation.