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|  | Department of Occupational and Recreational Therapies |

**CAPSTONE PROPOSAL APPROVAL**

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|  |
| (Title) |
|  |
|  |
| (Student Name) |
|  |
|  |
| (Date) |

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| We have read the Capstone Proposal and the student has defended the proposal. We agree the student may implement the Capstone project as planned.  |
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|  | , Chair |  |
|  | Date Approved |
|  | , Member |  |
|  | Date Approved |
|  | , Member |  |
|  | Date Approved |
|  | , Student |  |
|  | Date Approved |
|  |
| and by |  |  |
|  | Director of Graduate Studies |