

COLLEGE OF COMMUNICATION

DCMA CAPSTONE APPROVAL FORM

Please obtain the signature of your faculty advisor before submitting this form to the graduate advisor.

Last Name

First

Middle

DePaul ID

Student Email

Expected Graduation Term

I have read and understand the guidelines for the Digital Communication Capstone and I understand it is my responsibility to maintain contact with my faculty advisor through the duration of my capstone.

I understand the agreed upon due date of this capstone project to be _____ and no extensions will be made.

Capstone project requirements (these should be created with consultation from your faculty advisor) :

- 1.
- 2.
- 3.
- 4.

Capstone
Faculty Advisor

Date

Graduate
Program Director

Date

Student

Date

