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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 | | | | | | |
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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.