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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 | | | |