



**CAPSTONE APPROVAL**  
**WESTERN MICHIGAN UNIVERSITY LIBRARIES SCHOLARWORKS**

Date: \_\_\_\_\_

WE HEREBY APPROVE THE CAPSTONE SUBMITTED BY:

\_\_\_\_\_

ENTITLED:

\_\_\_\_\_

AS PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

\_\_\_\_\_

DEPARTMENT

\_\_\_\_\_

PROGRAM

\_\_\_\_\_

Capstone Coordinator



Capstone Site Mentor

Capstone Site Mentor (if applicable)

Capstone Faculty Advisor (if applicable)

Capstone Committee Member (if applicable)

Date Approved