



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

Capstone Coordinator

PROGRAM

Capstone Site Mentor

Capstone Site Mentor (if applicable)

Capstone Faculty Advisor (if applicable)

Capstone Committee Member (if applicable)

Date Approved
