



CAPSTONE APPROVAL
WESTERN MICHIGAN UNIVERSITY LIBRARIES SCHOLARWORKS

Date: _____

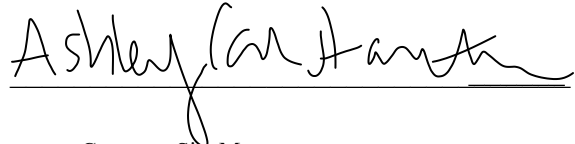
WE HEREBY APPROVE THE CAPSTONE SUBMITTED BY:

ENTITLED:

AS PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

DEPARTMENT

Capstone Coordinator



Capstone Site Mentor

PROGRAM

Capstone Site Mentor (if applicable)

Capstone Faculty Advisor (if applicable)

Capstone Committee Member (if applicable)

Date Approved
