

DEPARTMENT OF HUMAN DEVELOPMENT MASTERS OF HUMAN RIGHTS

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College of Community and Public Affairs

**Capstone Approval Form**

Name \_\_\_\_\_ B# \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Primary Advisor \_\_\_\_\_

Track 1(Thesis) \_\_ Track 2(Applied Project) \_\_

Capstone title \_\_\_\_\_

Submitted (date) \_\_\_\_\_

Approved by:

Primary Advisor \_\_\_\_\_

Date \_\_\_\_\_

Program Director \_\_\_\_\_

Date \_\_\_\_\_