Westfield State University  
Division of Graduate and Continuing Education  

CAPSTONE APPLICATION

Student Name: (print) ___________________________  
Student ID: A__________________

Phone: ___________________________  
Personal Email: ___________________________

Street: ___________________________  
City/State/Zip: ___________________________

Expected Date of Program Completion: ______________ Note: Participation in commencement exercises when the Capstone remains incomplete is subject to the approval of the Program Director and DGCE Dean.

To Be Completed By Capstone Supervisor

Supervisor Name: ___________________________  
Supervisor Rank: ___________________________

Preferred Phone: ___________________________

Capstone Semester: ____________  
Capstone Number/Title: ___________________________

Public Presentation: ____________________________________________________________  
(Please give estimated time and place for public presentation of final project.)

Required Signatures

Student: ___________________________  
Date: _____________  
I understand that:  
1. If I do not register/submit payment within 5 days of notification, the $100 delayed payment fee will be added to the total.  
2. It is my responsibility to attach to this form, departmental capstone approval requirementssuch as the scholarly essay, 150 word abstract, explanation of critical approach, annotated bibliography, or other required documentation for approval.  
3. Completion of the Capstone experience must meet all current departmental requirements which may include, but are not limited to: a) public presentation of the paper, b) specified minimum length of paper, c) inclusion of both experiential and research/writing components.)

*Capstone Supervisor: ___________________________  
Date: _____________

*Graduate Program Chair: ___________________________  
Date: _____________

Dean, DGCE: ___________________________  
Date: _____________

*Signature indicates: 1) prior approval of department graduate committee if required, 2) approval of attached precapstone requirements such as: scholarly essay, 150 word abstract, explanation of critical approach applied to text, annotated bibliography, and/or any other documentation currently required by the department.

Office Use Only

Date Student Contacted by email and phone for registration and payment: 1) _____________  
2) _____________  
Date Faculty Contacted by email and phone, (when 5 days have passed since student contact w/o registration): 1) _____________  
2) _____________