

GRADUATE STUDIES & RESEARCH

401 Cohodas Hall | Marquette, MI 906-227-2300 | graduate@nmu.edu nmu.edu/graduatestudies

GRADUATE CAPSTONE PROJECT VERIFICATION OF COMPLETION

Name	NMU IN	Date
The candidate listed above in the		graduate level program
has successfully completed the cap	stone project requirement for this degree	e.
equired graduate level capstone co	ompleted:	
☐ Papers (2)		
☐ Research Project		
☐ Portfolio Project		
Internship		
he title of the project is:		
if both manage are listed above ale	ass mumber them 1) and 2)	
If both papers are listed above, ple	ase number them 1) and 2)	
Project Director Name	Project Director Signature	Date
Department Head Name	 Department Head Signature	
Department nead Name	Department flead Signature	Date
Dr. Lisa Eckert		
Dean of Graduate Studies &	Dean of Graduate Studies & Researc	h Date
Research Name	Signature	
Distribution: Graduate Office, Stude	nt, Adviser	
or Graduate Office Only:		
•		
Dat	e Capstone Recorded in Banner by	