Capstone Registration

Signatures <u>must</u> be obtained from the Primary Capstone Advisor, Secondary Capstone Advisor, and Peer Reviewer. <u>All information must be complete</u>. If any items are incomplete, this form will be returned to you for completion. This form must be submitted in accordance with published registration deadlines found on the Academic Calendar.

Date_____

Name_____ ID#_____

Address_____City_____State_____ZIP_____

Email_____ Phone (work)_____(home)_____

Major ❑ MAED ❑ MAED: NSEE ❑ MAESL ❑ MALEd ❑ MAT

Registration Term ❑ Fall ❑ Spring ❑ Summer year_____

Proposed Capstone Title/Topic_____

_____

Primary Advisor Information

Name of Primary Advisor (please print) _____

Signature of Primary Advisor _____

Social Security Number or Hamline ID (No payment will be made without this) _____

Address _____ City _____ State _____ Zip _____

Email_____ Phone (work) _____ (home) _____

- ◻ Resume Attached
- ◻ Resume on file at Hamline or Masters earned through Hamline

Secondary Advisor Information

Name of Secondary Advisor (please print) _____

Signature of Secondary Advisor _____

Social Security Number or Hamline ID (No payment will be made without this) _____

Address _____ City _____ State _____ Zip _____

Email_____ Phone (work) _____ (home) _____

- ◻ Resume Attached
- ◻ Resume on file at Hamline or Masters earned through Hamline

Peer Reviewer Information

Name of Peer Reviewer (please print) _____

Signature of Peer Reviewer_____ Date_____

Email_____ Phone (work) _____ (home) _____

If this capstone project is to be worked on collaboratively with other students (not including the peer reviewer), please list those students below.

_____

Please return this completed and signed form to:

Mary Speranza-Reeder
1536 Hewitt Avenue; MS-A1720
St. Paul, MN 55104
(651) 523-2484
(651) 523-2489 fax