**https://www.selu.edu/alumni_donors/dev_foundation/project_friendship/images/paw.pnghttps://www.selu.edu/alumni_donors/dev_foundation/project_friendship/images/paw.pngOSHE 492: Capstone**

This form is to be completed by the faculty member (Advisor) for a student or students taking the OSHE 492 Capstone with him/her and submitted to the Course Coordinator.

1. Student(s) must first inform the Course Coordinator of the student’s intent to take this course (typically 2 weeks before the beginning of the semester).
2. The course coordinator will collect requests from students and projects from faculty and will match students with advisors and projects.
3. Student(s) meet with the Advisor to discuss the project, fill out, and sign this form.
4. Form is sent to Course Coordinator for approval. Then sent to the Department Head for approval.
5. Student(s) receive an email from the Department Head when the form is approved to enroll in the class.

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| **Faculty / Student(s) Information** | | | | |
| Advisor Name: | Click or tap here to enter text. | | Number of students: | # |
| Student(s) Name(s): | Click or tap here to enter text. | | | |
| Student(s) W #(s): | Click or tap here to enter text. | | | |
| **Course Information** | | | | |
| Academic Year and Semester: | | Click or tap here to enter text. | | |
| Title of the Project: | | Click or tap here to enter text. | | |
| **Outline of Course Objectives:** | | | | |
| Click or tap here to enter text. | | | | |
| **Outline of Method of Evaluation (tests, assignments, projects?):**  **Please specify how each the course objective is going to be fulfilled: *(to be filled by faculty)*** | | | | |
| Click or tap here to enter text. | | | | |
| **Usual Meeting Days, Times, and Location: *(to be filled by faculty)*** | | | | |
| Click or tap here to enter text. | | | | |

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| --- | --- |
| Student (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_  Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_  Course Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ | Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |