

RELIGIOUS STUDIES  
RLGN 4990  
CAPSTONE PROJECT PROPOSAL

Identify an instructor willing to work with you on your project.

Complete this form and obtain the INSTRUCTOR'S SIGNATURE.

Return the completed form to:  
INTERDISCIPLINARY STUDIES  
107 SCATES Hall

DATE:

FOR:

Semester

Year

STUDENT'S NAME:

UID

INSTRUCTOR'S NAME:

DESCRIPTION OF THE PROPOSED PROJECT:

STUDENT'S SIGNATURE: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Program Advisor (TO BE COMPLETED BY IDS)      Date