

Off-Campus Programs

Statement of Requirements for Removal of MA in Education Capstone Project Incomplete

Directions to instructor: Please complete one form per student and submit to your program center along with the final class list.

Student Name: _____
Last *First* *Middle*

CMU I.D. #: _____ EP #: _____ Term: _____

Center/Cohort: _____

Capstone Project Requirements Completed by Student

(Check only those that apply)

Yes

No

Capstone Project Proposal (Approved)

IRB Approval to Collect Data Granted

Date set by instructor for removal of "I": _____

Instructor's Comments:

Instructor Signature: _____ Date: _____