

DA MUS 793 Capstone Project Completion Report

For the student:

Fill out the information below (please type) and send it to the members of your committee to sign digitally.

For the committee:

Sign the form and return it to the Graduate Coordinator.

Name: _____ Bear #: _____

Email: _____

Title of Project: _____

By signing below, the committee confirms that the student has successfully completed the Doctor of Arts in Music Capstone Project.

Chair of Committee: _____

Co-chair of Committee or Committee Member: _____

Committee Member: _____

Faculty Representative: _____

Graduate Coordinator: _____ Date: _____

Note: This document does not use verified signatures.