

DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

REPORT OF DOCTORAL
CAPSTONE OUTCOMES

Submission Date: _____ Presentation Date: _____

Candidate's Name: _____ D#: _____

Degree and Major (Concentration): _____

Department and College: _____

Paper/Project Title: _____

Non-Thesis Outcome Alternatives (check one):

- (a) _____ Accept the capstone document without any changes or revisions as noted by signature of all approval members immediately following the presentation or paper/project submission;
- (b) _____ Accept the capstone document subject to the candidate making the recommended changes as noted by signature of the Professor of record and Program Director on the approval page immediately following the submission of said project or presentation. The Professor of record will be responsible for reviewing the revised document to ensure that the recommended changes were made;
- (c) _____ Revision of the capstone document is recommended; withholding all signatures until the revised document has been reviewed and approved by the Professor of record and Program Director;
- (d) _____ Revision of the document is recommended along with a second meeting where the student will review the document and complete the paper/project/presentation;
- (e) _____ The document or presentation is determined to be unsatisfactory resulting in the student's failure of the capstone.

The Professor of record will communicate the decision to the candidate. With the exception of alternative (a), the Professor of record will attach a summary of expectations and/or processes required for completion of all revisions/corrections as well as the expected timeline for completion. In the case of alternative (e), the Professor of record will attach a summary of the circumstances by which the student failed the capstone.

Approval:

Professor of Record (Print) (Signature)

Program Director (Print) (Signature)

Department Chairperson or Designee (Print) (Signature)

College Dean or Designee (Print) (Signature)

Dean, School of Graduate Studies and Research or Designee

**DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES & RESEARCH
REVISIONS FOR DOCTORAL CAPSTONE**

This form will accompany the Report of Doctoral Capstone Outcomes form, with the exception of alternative (a).

Submission Date: _____ Defense Date: _____

Candidate's Name: _____ D#: _____

Degree and Major (Concentration): _____

Case/Project Study Title: _____

Final recommended changes or revisions to capstone document by chairperson to graduate candidate.

Changes/Revisions

Please use additional pages if necessary

Graduate Candidate (Print)

(Signature) (Date)

Professor of Record (Print)

(Signature) (Date)

Timeline for Completion: _____