

GRADUATE MINOR IN MUSEUM STUDIES CAPSTONE COMPLETION

UIN: _____

Registration Date: _____

LAST NAME: _____

Graduation Month/Year: _____

FIRST NAME: _____

Department/Unit: _____

MIDDLE NAME: _____

Major/Degree: _____

EXPERIENCE TYPE:

TITLE: _____

BRIEF DESCRIPTION (Location, Format, Project Content): _____

PRODUCT: _____

DISPOSITION (Where is product filed?): _____

COMMITTEE VERIFICATION OF COMPLETION:

Signature of Committee Chair

Name Printed

Date

Signature of Member

Name Printed

Date

Signature of Member

Name Printed

Date

Signature of Member

Name Printed

Date

STUDENT: Please return this form to the Museum Studies Program Office.

FOR MUSEUM STUDIES PROGRAM USE

Approved:	Date:	Completed:
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