

BIS CAPSTONE PROPOSAL MEETING

Student's name:

Student W#:

Address:

Phone number:

E-mail:

Capstone title or brief description:

Date of Meeting:

Capstone Committee Members present:

Print name: _____ Sign name: _____

Print name: _____ Sign name: _____

Print name: _____ Sign name: _____

Comments on proposal:

The student will return this completed form to the BIS Administrative Assistant, Li 147