

MODULE COMPLETION FORM

- Use Adobe when filling out this form electronically, if possible. Do not use your browser's PDF preview window to fill/sign.
- Fill out all relevant fields before signing electronically, as the fields in your section will lock once you sign.

NAME: _____ STUDENT ID#: _____

EMAIL: _____ NET ID#: _____

MAJOR: _____ STUDENT'S SCHOOL: _____

NU ENTRY YEAR : _____ EXPECTED GRAD QTR/YEAR: _____

MODULE COMPLETED: _____

CAPSTONE TITLE: _____

CAPSTONE DEFENSE/EVENT DATE: _____

You must submit your Capstone via email to Box before you will be awarded the module on your transcript. Please contact your advisor for the email address for your module.

DATE: _____ STUDENT'S SIGNATURE: _____

COMMENTS:

DATE: _____ FACULTY COORDINATOR SIGNATURE: _____

COMMENTS:

EFFECTIVE DATE: _____

MODULE ADVISOR'S SIGNATURE: _____

FOR OFFICE USE ONLY

DATE ENTERED INTO SES: _____ INITIALS: _____

COMMENTS: