

Name

REQUEST TO PRESENT CAPSTONE PROJECT

Mentor

CAPSTONE PROJECT TITLE	
	
Indicate the preferred date/time/location	of your suggested presentation:
Presentation Date*	Time
In Conjunction With	Room
*Suggested presentation date <u>must</u> be at I Program Director.	east two academic calendar weeks before the date received by the MSES
Trogram Director.	
corrections that can be made in the "page further substantive revisions of the capsto	, and find the written capstone project acceptable. Relatively minor ge proof" stage of the publication process may be made; however, no one are required. ested date/time for the thesis defense; I agree to attend and participate
Student	Date
Mentor	
	the capstone presentation is available and scheduled. MSES Program the presentation to the Department of Geography & the Environment.
Program Director	Date*

*Date received <u>must</u> be at least two academic calendar weeks before suggested presentation date.