

# Capstone Committee Contact Sheet

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*This form must be submitted to your Academic Director along with your approved Capstone Proposal **before** you officially enroll in the Capstone course.*

## Student

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Name:

Course No.

Program:

Anticipated Dates for the Capstone:

Will your work primarily take place on-line: \_\_\_\_ or face-to-face \_\_\_\_\_ ?

If primarily on-site or face-to-face, please indicate the state where this will take place \_\_\_\_\_

## Capstone Advisor

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Name (*Must be an existing Goucher faculty member*):

## Second Reader

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Name (*Must be an existing Goucher faculty member*):

## Third Reader

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Name:

Title:

Street Address:

City:

State:

Zip code:

Phone Number:

Email Address:

*Please attach resume for non-Goucher committee members.*