

**Psychology Department
University of New Hampshire
Capstone Designation Form – PSYC 798**

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Student ID

Student Name: _____

Email: _____

Phone: _____

Enrolled 700 level course:

SUBJECT	COURSE	SECTION	TERM
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Instructor's Signature **Date**

Instructor's printed name

Student's signature **Date**

NOTE: The signatures attest to an agreement between the instructor and the student regarding assignment(s) required to successfully complete the capstone requirement.

Please include a brief description on how this course will fulfill the capstone requirement.

Please submit this form to the Psychology Department. Once this form is submitted with all the necessary signatures, you will be registered for PSYC 798 - a 0 credit capstone course.

DUE the LAST day of the ADD period.

MUST BE SENIOR STATUS TO COMPLETE THE CAPSTONE