

ASHLAND UNIVERSITY

MDS 490: MULTIDISCIPLINARY STUDIES CAPSTONE APPROVAL FORM

This Form Must Be Completed Prior To Registration

Prerequisite: Completion of at least 18 credit hours in two approved cognate areas.

Student Name: _____ Student ID: _____

AU Email Address: _____ Term/Year of Registration for Capstone: _____

Attach a typed, detailed statement for each of the following items.

Student must answer the following five items to the satisfaction of student's Advisor, Capstone Mentor (who will supervise capstone project), Faculty Mentor (who will approve project proposal, but not supervise it), Dean (s), and MDS Coordinator. Once completed, the form and attached typed statement will be submitted to the Registrar's Office to register for the course.

1. Description of a project that applies knowledge and skills from, if possible, both cognate areas in order to investigate an important question, create an original product, or performance, or engage in an internship or other practical application that results in a final paper, performance, media production, or creative works.
2. The purpose or objective of project.
3. The methods to be employed to document learning during the project (research, interviews, journals, blogs, photographs, videos, direct data gathering through experiments, observations, etc.).
4. Major references to be used (preferably from both cognate areas).
5. Timeline for completing reflection paper and project.

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Student Signature: _____ Date: _____

I HAVE READ AND APPROVE THE STUDENT'S PROPOSAL:

Advisor's Printed Name: _____ Advisor's Signature: _____

Date Approved: _____

Capstone Mentor's Printed Name: _____ Capstone Mentor's Signature: _____

Date Approved: _____

Faculty Mentor's Printed Name: _____ Faculty Mentor's Signature: _____

Date Approved: _____

MDS Coordinator's Printed Name: _____ MDS Coordinator's Signature: _____

Date Approved: _____

Dean of College Printed Name _____ Dean of College Signature: _____

Date Approved: _____

Dean of College #2 Printed Name _____ Dean of College #2 Signature: _____

Date Approved: _____