| **CAPSTONE DEFENSE APPROVAL FORM** | | | |
| --- | --- | --- | --- |
| Name: | | | |
| Capstone Defense Approval Date & Time: | | | |
| Degree: Nanodegree | | | Status: |
| Unit: College of Continuing and Professional Studies (CAPS) | | | |
| Capstone Title: | | | |
| Abstract: | | | |
| ***In partial fulfillment of the requirements for the nanodegree of*** | | | |
| *(program)* | | | |
| ***We, the undersigned, recommend that the capstone project completed by the student listed above be acknowledged and counted as a requirement for graduation.*** | | | |
| **COMMITTEE APPROVAL** | | | |
| -----------------------------------------------------------  ***adviser name*** | | -----------------------------------------------------------  ***signature*** | |
| -----------------------------------------------------------  ***member*** | | -----------------------------------------------------------  ***signature*** | |
| -----------------------------------------------------------  ***member*** | | -----------------------------------------------------------  ***signature*** | |
| \*At least one of the signatures above must be that of a member of the Althash University Faculty. By completing this box, you are confirming that the student above has satisfactorily completed the academic work for the program stated above. The submission of this form indicates the approval of the format and content of this document. This form is required for completion of the capstone project deposit. | | | |