

Workshop.

Department of Urban and Regional Planning

Master of Urban Planning Capstone Adoption Form

Student Name:		
Capstone Pathway (check o	one):	
Workshop (UP 510) Capstone Adviser (Project	Project (UP 598) or Thesis):	Thesis (UP 599)
Capstone Title (Project or	Thesis):	
Client Agency Name (requi	ired for Project):	
Client Agency Contact Nan	ne (required for Project):	
Client Agency Contact Ema	ail (required for Project):	
•	ovide the instructor name be the project backgroun	es for the two UP 510 classes you intend to take ad, client, and scope of work.
Description of deliverables	(Project or Thesis Option	ns):
Student Signature:		Date:
I have reviewed the propose approval of this capstone ac	•	n this student on the above capstone project and recommend
Client Agency Signature (Required for Project Pathway):		Date:
Adviser Signature Project for Thesis Pathway):		Date:
To be eligible to register for	your second semester of	f Capstone Project credits, students must turn in this com-

pleted form to the Director of Graduate Studies by the tenth day of classes when registered for UP 591 Capstone