

**SAMPLE CAPSTONE OVERVIEW - THE CENTER FOR ADVANCED LEARNING (CAL)
October 2004**

Reminder: Proposals need to be completed and submitted electronically.

**Senior Capstone Project Proposal
2004-2005 School Year**

Name:

Project Name:

Team Members:

<SCHOOL> Advisor:

Name:

Partners

What institutions/organizations/businesses/etc. you will be working with/for to complete your capstone?

Project Name:

<SCHOOL> Program Area(s): (Highlight area(s) involved in your project)

- ◆ Manufacturing
- ◆ Engineering
- ◆ Information Technology
- ◆ Health Sciences

Project Dates:

Begin:

End:

Project Description

Describe what you will do/make in the scope of your project. Include what the project will and will not deliver to your partner and others potentially affected by your project.

Project Rationale

Value to Partner

(How will your project benefit your partner and others affected by your project?)

Educational Value

(How will your project benefit your learning? How might it benefit <SCHOOL> or other educational institutions?)

Outcomes

List the core outcomes you will be able to demonstrate meeting through your project:

List the cohort outcomes you will be able to demonstrate meeting through your project:

Project Justification

Explain how your project will allow you to demonstrate that you have met each of the outcomes you identified. Be specific.

Partner Contacts

Name of Contact	Title/Function	Contact Info.
1.		
2.		
3.		

Role of Partner Contact

Describe the role your partner contact will play in your project:

Project Team

<SCHOOL> Advisor/Mentor(s)	Function
1.	
2.	

Student Team Members/Program Area	Function	Contact Info.
1.		
2.		
3.		
4.		
5.		
6.		

(Please note: Health Sciences teams are limited to 4 members.)

Project Impacts

Aside from the potential value of your project (described above), how might your project impact others and yourself? Consider both positive and negative impacts.

Resources

What resources do you need to complete your project? Consider funding/budget; coordination with other projects; commitment to other projects; availability of <SCHOOL> resources; availability of information/experts; technological constraints/resources; partner constraints; regulatory constraints; etc.

Special Requirements

Are there any systems, conditions, and/or resources outside the scope of this project that might impact successful completion of it? If so, describe them.

Project Timeline

In addition to established <SCHOOL> deadlines, estimate dates to complete key milestones specific to your project.

Project Documentation

If you are a student in engineering/manufacturing or information technology, you will be required to submit a project notebook to document the work of your capstone project. Your advisors will be giving you specific information about notebook requirement.

If you are a student in health sciences, please highlight the documentation option you plan to use:

- ◆ **Reflective paper**
- ◆ **Research paper**
- ◆ **Project notebook**

Delivery

How will your product/services be delivered to the partner and/or other intended audiences? Who will sign off on successful delivery?

Project Evaluation

How will your product/service/experience be evaluated? Who will be your evaluator?

Proposal Approval

Project Name:

Project Team Acceptance

We, the undersigned, affirm our understanding of this project proposal and our commitment to successful completion of the project.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Partner Approval

Signature: _____ Date: _____

Parent/Guardian Approval

Signature: _____ Date: _____

<SCHOOL> Advisor Approval

Signature: _____ Date: _____