

School District Approval

To be completed by the M.Ed. candidate and signed by the candidate's school administrator.

Candidate's Name: _____

Candidate's School: _____

Administrator Name: _____

School/District: _____

Administrator E-mail: _____

Administrator Phone #: _____

Title of Candidate's
Capstone Project
Proposal:

Faculty Supervisor Name: _____

Faculty Supervisor Signature*: _____

Date: _____

A summary of the proposal must be attached to this form.

I have reviewed this M.Ed. candidate's **Capstone Project Proposal** and approve the implementation of this project in this school/district.

Administrator Signature*: _____

Date: _____