Southern California University of Health Sciences
IoS Capstone Registration Form

Name: ____________________________________________________________

Contact E-mail: _____________________________ Phone: ________________

Signature:________________________________________ Date: ________________

I request to be enrolled in a 1 unit “Capstone Project” as part of the total 5 unit class of:

Course: __________________________________________ Starting:______________

This form must be submitted to the SCU’s School of Professional Studies no later than the Thursday following the first weekend of class. Once you have completed this form and had it approved by your instructor, you may submit it by email to either: YvonneRabago@scuhs.edu or ShelleyMueller@scuhs.edu or, you may fax to: 562.902.3362

The Project:

Project Title: __________________________________________________________

Project Topic: _________________________________________________________

What are the specific educational objectives you are trying to accomplish?
How will your specific educational objectives allow you to deepen and integrate the new knowledge you will gain with this project into the course you are taking? Please be clear and specific.

How are your specific educational objectives related to the professional field you are pursuing? Please be clear and specific.

Which methods are you going to use to accomplish your specific educational objectives (literature review, laboratory experiments, interviews, data collection from primary sources, etc)? Please be very detailed and specific.

APPROVAL:

Instructors Signature: ___________________________ Date: ___________________________