European Studies Capstone Proposal Form
Completed form must be approved by CES before student is able to register.
Center for European Studies, Mezes 3.306, 512-232-3470

NAME: _______________________________ EID: __________________

AUSTIN ADDRESS: ________________________________
________________________________________
________________________________________

PHONE:_________________________ EMAIL:_________________________

When are you planning to graduate?

Please attach a 1-2 paragraph (minimum) tentative thesis topic.

Printed name of Supervising Professor __________________________ Date __________
Signature of Supervising Professor _________________________________
Department of Supervising Professor ________________________________

Signature of Student __________________________ Date __________

Approved by European Studies (signature) : __________________________

For office use only:
Received and verified: _____________________________________________
Cleared for Registration: __________________________________________
Semester registered: __________________________
Unique number: __________________________________________
Date of Capstone presentation: __________________________
Second Reader: __________________________________________
Department of Second Reader: __________________________________