



## **AMST 7900: Capstone Experience**

### **Capstone Forms**

**Form #1: Capstone Committee Selection Form**  
**MA Program in American Studies**

To be completed prior to enrollment in AMST 7900/01: Capstone Experience. It is the student's responsibility to obtain the faculty signatures and return the completed form to the MA Office.

Please type directly into this form.

Student's Name: \_\_\_\_\_

KSU #: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

Title of Thesis/Project: \_\_\_\_\_

\_\_\_\_\_

Communication Plan with Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Member #1**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

**Committee Member #2**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

MA Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Form #2: Capstone Literature Review and Proposal Approval Form**  
**MA Program in American Studies**

To be completed prior to enrollment in AMST 7900/02: Capstone Experience. Please attach the literature review and proposal to this form. It is the student's responsibility to obtain the faculty signatures and return the completed form to the MA Office.

Please type directly into this form.

Student's Name: \_\_\_\_\_

KSU #: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

Title of Thesis/Project: \_\_\_\_\_

\_\_\_\_\_

Communication Plan with Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Member #1**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

**Committee Member #2**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

MA Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

College of Humanities and Social Sciences  
Kennesaw State University  
Kennesaw, Georgia  
Certificate of Approval

This is to certify that the thesis/project of

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has been approved by the committee for the capstone requirement for the  
Master of Arts in American Studies  
in the College of Social Sciences

Capstone Committee

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Member

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Date

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Member

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Date

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MA Director

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Date

Original filed in MA Program in American Studies Office

**Kennesaw State University**  
**Master of Arts in American Studies**  
**Form #4: Notice of Capstone Project Completion**

Student Name: \_\_\_\_\_

Semester & Year of Graduation: \_\_\_\_\_

KSU #: \_\_\_\_\_

Degree: Master of Arts in American Studies

Title of Thesis/Project: \_\_\_\_\_

\_\_\_\_\_

Date of Oral Defense: \_\_\_\_\_

**Committee Member #1**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

**Committee Member #2**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

MA Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Original to Office of the Registrar  
Copy to Student  
Copy to Student File in MA Office