

College of Liberal and Professional Studies • Master of Liberal Arts Program

| This certifies that I have agreed t | to serve on the Capstone Project Commit | ttee of: | |
|-------------------------------------|---|----------------|------|
| Penn ID: | | Student's Name | |
| Topic of Capstone Project: | | | |
| Signatures of Capstone Project Co | ommittee Members: | | |
| Primary Reader | | | Date |
| Email Address | | | |
| Secondary Reader | | | Date |
| Email Address | | | |

Note: Mail this form to the Master if Liberal Arts Program, University of PA, 3440 Market Street, Suite 100, Philadelphia, PA 19104-3335. This form and the proposal will be placed in the student's file and is available for review by the student upon request.