

Introduction

BUE Capstone Submission Information

This form is intended for students in their senior year in Biology AB or Health and Human Biology AB and should be completed by the last day of final exams in the semester in which you are completing your capstone requirement.

Student Information

Below is the information we have automatically collected via Shibboleth. Please ensure this is correct.

First Name: \${e://Field/Student%20First%20Name}

Last Name: \${e://Field/Student%20Last%20Name}

Faculty and Instructors: Below you will see the answers that the student completed, please do not change these answers when signing off.

Student information:

First Name: \${e://Field/Student%20First%20Name}

Last Name: \${e://Field/Student%20Last%20Name}

Enter your Banner ID (Nine character number beginning with a "B")

Concentration

What method will you use to fulfill the capstone requirement?

- Independent study course
- Senior thesis
- Advanced BIOL course (Bio AB only)
- Advanced seminar (HHB only)
- Off campus experience with independent study (HHB only)

Indicate the course number for the advanced BIOL course below

- BIOL 1100
- BIOL 1250
- BIOL 1515
- BIOL 1555
- BIOL 1565
- BIOL 1575
- BIOL 1600
- BIOL 1820
- BIOL 1970
- Other (please specify):

Indicate the course number for the advanced seminar below

- AFRI 1930

- AMST 1601
- HIST 1977I
- PHP 1680T
- PHP 1920
- PLCY 1700K
- STS 1700P
- Tri-Lab
- GISP
- Other (please specify):

Concentration Advisor Brown University Email Address

A copy of your responses will be sent to your concentration advisor.

STUDENT CAPSTONE CONFIRMATION AND AGREEMENT

By submitting this form, I agree that I have completed my capstone requirement.

Student Signature

×

SIGN HERE

clear

Date (mm/dd/yyyy)

Upload your completed capstone requirement product here.

Course Instructor Brown University Email Address

A copy of your responses will be sent to the advanced BIOL or advanced seminar course instructor to sign-off on.

PI / Faculty Sponsor Brown University Email Address

A copy of your responses will be sent to your PI / Advisor to sign-off on.

Course Instructor Signature

This student is using your course to fulfill a capstone requirement for their concentration. Please certify below that they have completed the necessary requirements in your course for this course to fulfill the capstone requirement.

First and last name

Brown University email address

Department

This student has fulfilled all of the necessary requirements for this course to fulfill their capstone requirement.

×

SIGN HERE

clear

Date (mm/dd/yyyy)

PI / Faculty Sponsor Signature

This student is using their experience with you to fulfill a capstone requirement for their concentration. This experience may include an independent study, senior thesis, or an off-campus experience. Please certify below that the student has completed all of the necessary requirements in this experience for them to fulfill their capstone requirement.

First and last name

Brown University email address

Department

This student has fulfilled all of the necessary requirements in this experience to fulfill their capstone requirement.

×

SIGN HERE

clear

Date (mm/dd/yyyy)

