Illinois State University

Clinical-Counseling Psychology Program

**Outcome of Clinical-Counseling Capstone Project Defense**

Student:       UID#:

Student’s email:       Planned graduation semester:

Defense date:       Defense time:

Title of Clinical-Counseling Capstone Project:

The project chair and reader have each evaluated the written Clinical-Counseling Capstone Project paper. The student has orally defensed the capstone project. The outcome of the defense is (check one):

\_\_\_\_ Passed defense, no written revisions needed, capstone project is complete.

\_\_\_\_ Defense was unsatisfactory; a second oral defense must be scheduled for a later date.

PROJECT CHAIR

Print Name Signature Date

PROJECT READER

Print Name Signature Date

Submit the signed Defense form to the Graduate Programs Office (448 DeGarmo Hall).