UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DEPARTMENT OF URBAN AND REGIONAL PLANNING
CAPSTONE PROPOSAL

Student’s Name: _____________________________________________________________

Capstone Advisor: ___________________________________________________________

Capstone Title _______________________________________________________________

___________________________________________________________________________

Client’s Name and Agency (if applicable) __________________________________________

____________________________________________________________________________

Capstone Option (check one):

☐ Project / UP598  ☐ Workshop / UP595  ☐ Thesis / UP599  ☐ Other: __________

Attach a 2-page proposal with the following information:

1. Project title
2. Name (if group project, names of students involved in the capstone)
3. Description of project and client
4. Detailed work plan with major deadlines
5. If team project, discuss individual responsibilities (the independent contribution of each student must be clearly outlined)
6. Outline of end product
7. Describe how project relates to your professional goals
8. If joint-degree student, describe how the project integrates both disciplines

I have reviewed the attached 2-page capstone proposal and agree to work with this student on the above capstone project and recommend approval of this application.

Capstone Advisor signature ________________________________ Date _____________

MUP Coordinator ________________________________________ Date _____________

* To register for your first semester of Capstone Project credits (UP598) or Thesis credits (UP599), students must turn in this completed form with a proposal to the MUP Coordinator by the tenth day of classes.