THE UNIVERSITY OF TENNESSEE KNOXVILLE
COLLEGE OF SOCIAL WORK

College of Social Work | DSW Program

Capstone I Topic, Committee, and Defense Form

Student Name: _____ Email: _____

Defense Date: _____

Capstone I Title:

_____

_____

Capstone I Committee:
(3 members are required)

_____	_____	_____
Name of Committee Chair	Signature	Date
_____	_____	_____
Name of Committee Member	Signature	Date
_____	_____	_____
Name of External Committee Member	Signature	Date

External Committee Contact Info:
Employment Institution: _____
Phone: _____
Email: _____
**Please attach the CV of your external committee member when you submit this form.*

Committee Decision (please select one): ◉ **Pass** ○ **Fail**

_____

Signature of Director of the DSW Program Date