

C-NSPIRE CAPSTONE EXPERIENCE APPLICATION

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|---|-------------------------|
| Name: | |
| Email: | |
| Department: | Advisor: |
| Has the capstone been discussed with advisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Expected Graduation Date: | Expected Capstone Date: |

Please tell us what you plan to do for your capstone experience and what type of policy training/ involvement/understanding you anticipate gaining by participating in this experience.

If you have questions about this form or the application, please contact cnspire@wsu.edu. Completed forms should be returned to Julie Padowski (julie.padowski@wsu.edu)