Medical Humanities Capstone Application

Print Name of Student	Signature of Student
Medical Humanities Capstone Topic	
I agree to supervise the above named Medical Hur	manities Certificate Capstone.
Name of Faculty	Signature of Faculty
I reviewed Medical Humanities Capstone Applica	tions project meets requirements.
Name of Medical Humanities Director	Signature of Medical Humanities Director
We certify that the above named student fulfilled merits completion of the certificate.	Medical Humanities Capstone to our satisfaction and
Signature of Faculty Supervisor	Signature of Medical Humanities Director
Date	Date
CC: Faculty Supervisor, Academic Advisor, Medi	cal Humanities Director