

University Libraries

*St. David’s School of Nursing*

*Capstone Project*

**Digital Collections Deposit Agreement**

**Checklist**

1. Print or type the information below about the corresponding student, capstone advisor, and final paper.
2. Corresponding student signs and dates on page 2 acknowledging permission to include the capstone paper in the TXST Digital Collections Repository.
3. Corresponding student submits to Capstone Advisor the Digital Collections Deposit Agreement (this form) filled out and signed and a copy of the paper both as PDF documents.
4. Capstone advisor signs and dates at the bottom of page 1, acknowledging permission to include the capstone paper in the repository.
5. Advisor submits **Deposit Agreement** and the **Final Capstone Paper** through the submission form at:

<https://www.library.txstate.edu/research/digital-collections/Nursing-Submission-Form>

1. Corresponding student and capstone advisor will receive email confirmation once paper is online.

**Student Information**

Full Name:

Personal Non-Texas State Email Address\*:

*\*We prefer you give your personal email address, not your TXST email, in case we need to reach you after you graduate. If in the future your email address changes, we would be glad to update it and will just need notification either via email or in writing.*

**Degree Information**

Degree: Masters Doctorate

Program: FNP PMHNP LAN

Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Semester: Fall Spring Summer

Document Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please identify 5-8 keywords that reflect the content of your submission:

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Capstone Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capstone Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# For questions about Digital Collections or this form, contact Laura Waugh at: [digitalcollections@txstate.edu](mailto:digitalcollections@txstate.edu)