

**M.Ed. Capstone Course Registration Form (608)**  
**DePaul University**  
**School of Education**

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**TERM:** Autumn\_\_\_\_\_Winter\_\_\_\_\_Spring\_\_\_\_\_Summer I\_\_\_\_\_Summer II\_\_\_\_\_

**ACADEMIC YEAR:**\_\_\_\_\_

**DEGREE PROGRAM:(Please check the appropriate program)**

Educational Leadership\_\_\_\_\_

Bilingual/Bicultural Education\_\_\_\_\_

Reading Specialist\_\_\_\_\_

Special Education for Teachers\_\_\_\_\_

**STUDENT INFORMATION:**

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Last Name	First Name	Middle Initial
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DePaul ID Number

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Home Phone	Work Phone
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E-mail

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Student Signature	Date
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**REGULATIONS:**

1. Must be submitted to Coordinator's Office (SAC 481)
2. Must have Faculty signature to be valid.
3. Applies only to the quarter and academic year indicated above.

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Supervising Faculty member (Please Print)

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Signature of Supervising Faculty member	Date
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