

DEPAUL UNIVERSITY

COLLEGE OF EDUCATION

Independent Dissertation Research Course Request (A&S/CS/VCE 859)

Registration for: A&S 859 ____ CS 859 ____ VCE 859 ____

Term: Autumn ____ Winter ____ Spring ____ Summer I ____ Summer II ____ Year: _____

Candidate Information:

Name: _____ DePaul ID#: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

Quarter & Year in which Candidate completed A&S/CS/ VCE 849: _____

Dissertation Research Course Request:

1. **Must have** the dissertation chair and doctoral program assistant signatures to be valid and complete.
2. Should be submitted *in the quarter prior to defending their dissertation*. The candidate must have successfully completed A&S/CS/VCE 849 in order to be allowed to register for A&S/CS/VCE 859.
3. The candidate must have received IRB approval and have on file an IRB approval letter in order to be eligible to enroll in A&S/CS/VCE 859.
4. This form will be returned to the candidate if incomplete or unapproved.

Dissertation Chair (Please Print): _____

Dissertation Chair (Signature): _____

Date: _____

Signature of Doctoral Program Assistant

Date

Please submit completed form to the Doctoral Program Office (COE 319).