

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

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

Registration for (*Please check one*): *A&S 859* *CS 859*

Indicate term: *Autumn* *Winter* *Spring* *Summer I* *Summer II* Year: _____

Candidate Information:

Name: _____ SS#/DePaul ID# _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

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

Dissertation Research Course Request Regulations:

1. **This form must have** the dissertation chair's signature to be valid and complete.
2. The candidate should only register for this course the quarter after they have defended their dissertation proposal. The candidate must have successfully completed A&S/CS 849 in order to be allowed to register for A&S/CS 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 859.
4. This form will be returned to the candidate if incomplete or unapproved.

Dissertation Chair (Please Print): _____

Dissertation Chair (Signature): _____

Date: _____

This form will be filed in the candidate's permanent file when completed.