

**DePaul University**  
**School of Education**  
**M.A. Thesis Course Request Form**

**TERM:** Autumn\_\_\_\_\_ Winter\_\_\_\_\_ Spring\_\_\_\_\_ Summer I\_\_\_\_\_ Summer II\_\_\_\_\_

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

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

Curriculum Studies\_\_\_\_\_

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

Counseling\_\_\_\_\_

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

Reading and Learning Disabilities\_\_\_\_\_

Social and Cultural Foundations in Education\_\_\_\_\_

Teaching and Learning\_\_\_\_\_

**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 the Graduate Office.
2. Must have Thesis Chairperson’s signature to be valid.
3. Applies only to the quarter and academic year indicated above.



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Thesis Chairperson (Please Print)

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|---------------------------------|------|
| Signature of Thesis Chairperson | Date |
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