M.Ed. Capstone Course Registration Form DePaul University College of Education

TERM:	Autumn	Winter	Spring	Summer I	Summer II
ACADE	MIC YEAR	\;			
DEGRE	E PROGRA	M: (Please che	ck the appr	opriate prograi	m)
Reading Special I	Specialist (Leducation for	Education (BBE of SI 608) Teachers (LSI 6 and ations in Edu	508)		
STUDE	NT INFORM	MATION:			
Last Nan	ne]	First Name		Middle Initial
DePaul I	D Number				
Home Phone			Work Phone		
E-mail					
Student S	Signature			Date	
REQUII	REMENTS:				
2. Must s	submit to Ac	signature to be vademic Advisor advisor and acad	in COE 140		n course.
<u></u>	F l		Dut(1)		
Supervis	ing Faculty i	nember (Please l	rint)		
Signature of Supervising Faculty member			nber	Date	