DEPAUL UNIVERSITY

COLLEGE OF EDUCATION

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

Re	gistration for:	A&S 859	CS 859	VCE 859	ECE 859	
Teı	m: Autumn	Winter	Spring	Summer I	Summer II	Year:
Ca	ndidate Infor	mation:				
Name:				DePau	ıl ID#:	
Ad	dress:					
Primary Phone:			Secondary Phone:			
Primary Email:			Secondary Email:			
Qu	arter & Year i	n which Candid	ate completed A	A&S/CS/ VCE 84	9:	
Dis	sertation Res	earch Course l	Request:			
1.	Must have the dissertation chair and doctoral program assistant signatures to be valid and complete.					
2.	Should be submitted <i>in the quarter prior to defending their dissertation</i> . The candidate must hav 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.					
Dis	ssertation Chai	r (Please Print):	:			
Dis	ssertation Chai	r (Signature): _				
Da	te:					
Sig	nature of Doc	toral Program 2	Assistant			

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