

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Independent Applied Capstone Course Request (CS 839/A&S 839)

Registration for: CS 839____ A&S 839____

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 CS/A&S 838: _____

Capstone Research Course Request:

1. **Must have** the capstone advisor's signature to be valid and complete.
2. Should be submitted *in the quarter prior to defending their dissertation*. The candidate must have successfully completed CS/A&S 838 in order to be allowed to register for CS/A&S 839.
3. The candidate must have received IRB approval and have on file an IRB approval letter in order to be eligible to enroll in CS/A&S 839.
4. This form will be returned to the candidate if incomplete or unapproved.

Capstone Advisor (Please Print): _____

Capstone Advisor (Signature): _____

Date: _____