

**DEPAUL UNIVERSITY**  
COLLEGE OF EDUCATION

**Independent Applied Capstone Course Request (CS 899)**

Registration for: CS 899\_\_\_\_\_

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 889: \_\_\_\_\_

**Dissertation Research Course Request:**

1. **Must have** the dissertation chair'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 889 in order to be allowed to register for CS 899.
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 899.
4. This form will be returned to the candidate if incomplete or unapproved.

Capstone Advisor (Please Print): \_\_\_\_\_

Capstone Advisor (Signature): \_\_\_\_\_

Date: \_\_\_\_\_