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:

Last Name     First Name   Middle Initial
________________________________________

DePaul ID Number

__________________________________  ______________________________
Home Phone      Work Phone

E-mail

__________________________________  ______________________________
Student Signature     Date

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.

____________________________________ ______________________________
Thesis Chairperson (Please Print)  Signature of Thesis Chairperson  Date