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

TERM: Autumn_____Winter_____Spring_____Summer I_____Summer II_____

ACADEMIC YEAR:______________

DEGREE PROGRAM: (Please check the appropriate program)
Bilingual/Bicultural Education (BBE 608) ______
Reading Specialist (LSI 608) ______
Special Education for Teachers (LSI 608) ______
Social & Cultural Foundations in Education (SCG 637) _____

STUDENT INFORMATION:

________________________________________________________________________

Last Name    First Name   Middle Initial
__________________________________

DePaul ID Number

__________________________________  ______________________________
Home Phone      Work Phone

E-mail

___________________________________  ______________________________
Student Signature     Date

REQUIREMENTS:

1. Must have Faculty signature to be valid.
2. Must submit to Academic Advisor in COE 140 to be enrolled in course.
3. Applies only to the quarter and academic year indicated above.

____________________________________ ______________________________
Supervising Faculty member (Please Print)

____________________________________ ______________________________
Signature of Supervising Faculty member     Date