

DePaul University
College 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)

- Bilingual/Bicultural Education
- Curriculum Studies
- Education, Culture, and Society
- Educational Leadership
- Counseling
- Reading Specialist
- Teaching and Learning
- World Language Education

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