

College of Education
Department of Educational Policy Studies and Research

DePaul University
College of Education
SCFE Master's Program Capstone Course Request Form

TERM: Autumn ____ Winter ____ Spring ____ Summer I ____ Summer II ____

ACADEMIC YEAR: _____

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 EPSR Administrative Assistant (copy will be made and original submitted to the SCFE Thesis/Capstone Academic Advisor).
2. Must have Capstone Advisor's signature to be valid.
3. Applies only to the quarter and academic year indicated above.

Capstone Advisor (Please Print)

Signature of Capstone Advisor

Date