

DePaul University
School of Computer Science, Telecommunications & Information Systems

Combined BS/MS Enrollment Request

Academic Year _____ Autumn Winter Spring Summer I Summer II

<p>_____ Last Name First Name Initial</p> <p>_____ Address</p> <p>_____ City State Zip Code</p>	<p>_____ DePaul Student ID or SS#</p> <p>_____ E-Mail Address</p> <p>_____ Phone Number</p>
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Combined BS/MS Enrollment Instructions

1. To qualify for BS/MS enrollment you must be admitted to the a BS/MS degree program. This form is not for Independent Study Requests nor HSE enrollments.
2. Complete this form and submit it to your faculty advisor for his/her signature.

Your request will be processed in 5 to 7 business days. If approved, you will be enrolled into the course. You will be able to view a confirmation of your enrollment on Campus Connect. If your request is not approved, you will be notified as soon as possible.

Incomplete forms, including those without the initiating faculty member signature will be returned to the student without a decision.

For Faculty Use Only

Combined BS/MS X-Course Information

X-Subject 399
X-Course # 4
of Cr. hrs.

Cross-list Graduate Course Information

cross-list cross-list cross-list
Subject Course # Section #

Undergraduate Course to be replaced

UG UG UG
Subject Course # Section #

For Administrative Office Use Only

Approved Denied

Initiating Faculty Member Signature

Faculty Member Teaching Graduate Course
(please print)

X-Course # _____

PS# _____ PS Quarter _____

Date Processed _____ Initials _____