

**DePaul University
College of Computing and Digital Media**

Combined BS/MS Enrollment Request

Year _____ Autumn Winter Spring Summer(10w) Summer I Summer II

<p>_____ Last Name First Name Initial</p> <p>_____ Address</p> <p>_____ City State Zip Code</p>	<p>_____ DePaul Student ID</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 a BS/MS degree program. This form is not for Independent Study Requests.
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 receive an email with the code needed to enroll in the class from Campus Connect. If your request is not approved, you will be notified as soon as possible.

For Faculty Use Only

Graduate Course Information

Graduate Graduate Graduate
Subject Course # Section #

Faculty Teaching Graduate Course (print)

Undergraduate Course to be replaced

UG UG
Subject Course #

Initiating Faculty Name (print)

For Administrative Office Use Only

Dean's Action Approved Denied

Dean's Signature _____

X-Course # _____

PS# _____ PS Quarter _____

Date Processed _____ Initials _____