

INSTRUCTIONS FOR KELLSTADT COURSE REQUEST FORM



To complete this form: download and save the form to your computer. If the form requires a signature, then print, sign, and scan the form. Forms should be emailed to Associate Director Susan Jacobs (sjacobs@depaul.edu). Only electronic submissions will be accepted.

This form only applies to **graduate-level** Kellstadt classes. You can self-register via CampusConnect for all other 300-level commerce courses. *Please do not contact Kellstadt professors for registration as they cannot add students to closed courses.* Students may take up to five (5) Kellstadt courses in their graduate academic program.

- Complete the first section of the form with your most accurate contact and personal information for enrollment. This will ensure a smooth process.
- Then select First Choice and Alternate courses you would like to take in Kellstadt. IDS students must also include the classes requested on this form on the List of Courses (LOC).
- Please be sure you are able to take both the First Choice and Alternate courses you request on this form, should your first choice be unavailable. You will automatically be registered for the alternate course (if open) if your first course choice is not available.
- Once fully completed, submit the form before or during registration time for the term you are seeking. Our office needs time to clear your request through the College of Liberal Arts and Sciences and Kellstadt. Please submit the completed form to the ISD Program by email to either Associate Director Susan Jacobs (sjacobs@depaul.edu), or Program Director Dr. David Gitomer (dgitomer@depaul.edu).
- You can verify registration in the Kellstadt class by checking your schedule on CampusConnect within a two-week period.

Please fill out the form completely. All of the necessary course information can be found online by logging into campusconnect.depaul.edu. If you have any questions about the form, or are seeking to modify your program, please contact the ISD Program office at **(773) 325-7840**. Please discuss any proposed program changes with either the Program Director Dr. David Gitomer, or the Associate Director Susan Jacobs, both who are available for advising appointments.

**KELLSTADT CLASS REQUEST FORM
FOR ISD STUDENTS**

Name _____ Program (check one) MALS IDS

Mailing Address _____

Email Address _____

Phone Number _____ DePaul ID: _____

Please list all Kellstadt classes you have previously taken, as there may be prerequisites for your requested course(s).

Kellstadt Course Information

Courses	First Choice	Alternate Choice
Course Title	_____	_____
Instructor	_____	_____
Quarter	_____	_____
Course Number	_____	_____
Course Section	_____	_____
Class Number (5 digits)	_____	_____
Time	_____	_____
Campus (check one)	<input type="checkbox"/> Lincoln Park <input type="checkbox"/> O'Hare <input type="checkbox"/> Loop <input type="checkbox"/> Naperville <input type="checkbox"/> Grayslake <input type="checkbox"/> Rolling Meadows	<input type="checkbox"/> Lincoln Park <input type="checkbox"/> O'Hare <input type="checkbox"/> Loop <input type="checkbox"/> Naperville <input type="checkbox"/> Grayslake <input type="checkbox"/> Rolling Meadows

Student Signature _____ Date _____

ISD Approval _____ Date _____