

# Application for Undergraduate Zero Credit Registration

*DePaul University School of Music*

If your schedule includes 18 quarter hours of **required courses** that cannot be taken during a different quarter and you have been assigned to more than one ensemble, you may apply for **zero credit registration**.

STUDENT: Please fill out this permission form and email it to the appropriate ensemble director listed below.

ENSEMBLE DIRECTOR: If you approve the request, please type in your name below and email the completed form to Rebecca Bressanelli at the College Office ([r.bressanelli@depaul.edu](mailto:r.bressanelli@depaul.edu)).

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**Quarter** *Please select one.*

Fall

Winter

Spring

**Student Name** \_\_\_\_\_ **ID Number** \_\_\_\_\_

**Major** \_\_\_\_\_ **Email** \_\_\_\_\_

**Ensemble** *Please select one. .*

Concert Orchestra

Wind Ensemble

Concert Choir

Ensemble 20+

Wind Symphony

Chamber Choir

Symphony Orchestra

**If you are currently enrolled in another large ensemble for credit, please indicate which one:**

**Reason for Zero Credit Registration Request** *Please explain why your schedule prohibits you from registering for credit. Remember: you may apply for zero credit registration only if your schedule includes 18 quarter hours of required courses that cannot be taken during a different quarter.*

STUDENT: Please email this completed form to the appropriate ensemble director:

**Concert Orchestra, Ensemble 20+,** Michael Lewanski, [mlewansk@depaul.edu](mailto:mlewansk@depaul.edu)

**Symphony Orchestra** Michael Lewanski, [mlewansk@depaul.edu](mailto:mlewansk@depaul.edu)

**Wind Ensemble and Wind Symphony:** Erica Neidlinger, [eneidlin@depaul.edu](mailto:eneidlin@depaul.edu)

**Concert Choir and Chamber Choir:** Eric Esparza, [eesparz7@depaul.edu](mailto:eesparz7@depaul.edu)

ENSEMBLE DIRECTOR: Please type in your name and email the completed form to the College Office email address at [musiccollegeoffice@depaul.edu](mailto:musiccollegeoffice@depaul.edu).

**Director Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Associate Dean Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_