

# 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 Sarah Kaufman in the College Office at [sarah.kaufman@depaul.edu](mailto:sarah.kaufman@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, [michael.lewanski@gmail.com](mailto:michael.lewanski@gmail.com)

**Symphony Orchestra, and Wind Ensemble:** Cliff Colnot, [cliffccm@aol.com](mailto:cliffccm@aol.com)

**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 Sarah Kaufman in the College Office at [sarah.kaufman@depaul.edu](mailto:sarah.kaufman@depaul.edu).

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

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