



**DIEDERICH**  
College of Communication

MARQUETTE UNIVERSITY

**J. William and Mary Diederich College of Communication  
Special Registration Permission Form**

**Directions:** Please provide all information requested in Section 1 and take this form to the instructor of record listed in CheckMarq (if the instructor is listed as “Staff,” take it to the department chairperson) for an approving signature, then submit the completed form to the College of Communication Records Office in JH 120. You should receive an email with your permission number within one business day. Issuance of a permission number is not a guarantee of enrollment in the course.

**Section 1: Completed by Student**

Dept. and Catalog #: \_\_\_\_\_ Section #: \_\_\_\_\_  
(e.g. COMM 2100) (e.g. 101)

Meeting day(s): \_\_\_\_\_ Meeting time: \_\_\_\_\_  
(e.g. MWF) (e.g. 9-9:50)

If applicable include: Discussion/Lab #: \_\_\_\_\_ Meeting day(s): \_\_\_\_\_ Meeting time: \_\_\_\_\_  
(e.g. 401/601) (e.g. MWF) (e.g. 9-9:50)

Term:  Fall  Spring  Summer 20 \_\_\_\_\_ Course Instructor \_\_\_\_\_

Student Name: \_\_\_\_\_ MUID: \_\_\_\_\_

Student email: \_\_\_\_\_@marquette.edu

Classification:  Freshman  Sophomore  Junior  Senior  Non Degree  Graduate Student

Request Type:  Override Prerequisite(s)  Enroll in a Closed Class  Obtain Instructor Consent

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**Section 2: Completed by the Instructor or Department Chairperson.**

Permission type granted:  Override Prerequisite(s)  Enroll in a Closed Class  Obtain Instructor Consent

Instructor/Chair’s Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Instructor/Chair’s Signature (*Indicates approval*) \_\_\_\_\_

**Section 3: Completed by the Records Office**

Permission # \_\_\_\_\_ Date Issued \_\_\_\_\_