



# MARQUETTE UNIVERSITY GRADUATE SCHOOL

## PERMISSION TO ENROLL IN A GRADUATE COURSE

If a student is enrolled in an undergraduate program or professional school at Marquette University, this form should be used to request permission from the college and department offering the course to enroll in graduate level coursework. This includes undergraduates taking an upper-division undergraduate course for graduate credit. The department offering the course will keep the form, and they will send a copy to the Graduate School. Once permission is granted, it is the student's responsibility to register for this course using CheckMarq and the permission number supplied by the department offering the course.

### I. STUDENT INFORMATION

Name:  MUID:   
 Adviser:  Daytime Phone:   
 Degree sought (circle one):    B.A.    B.A./M.A.    B.S.    B.S./M.S.    D.D.S.    J.D.    B.S.N./R.N.    Other:   
 College / School (circle one):    A & S    COMM    COPS    DENT    EDUC    ENG    HESC    LAW    NURS  
 Student Signature:  Date:

### II. COURSE INFORMATION

Department/ Course Number (COMM 200):  # of Credits:  Section:   
 Instructor:   
 Term and Year of Enrollment:     Fall     Spring     Summer    Year:

### III. ADDITIONAL INFORMATION

Select one of the following:

- I do NOT intend to use this course to satisfy an undergraduate or professional degree requirement. I may request, in the future, that credit earned will count toward a degree in the Graduate School.
- I intend to use this course to satisfy an undergraduate or professional degree requirement at Marquette University.
- I am a Marquette University student admitted to a 5-year undergraduate/graduate program.

### IV. MARQUETTE APPROVAL

#### A. Undergraduate College or Professional School Review

Student's Status:     Junior (Must be admitted to 5-year program or in a professional program)     Senior  
 Student's GPA     Credit Hours Earned:      **Approved**     **Denied**  
 Undergrad/Professional School or College Dean Signature:  Date:

#### B. Course Instructor

Instructor Signature:      **Approved**     **Denied**

#### C. Department (Optional; As determined by department policy)

Department Chair/Director of Grad Studies Signature:  Date:   
 If Approved, Permission Number:      **Approved**     **Denied**

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL