



# MARQUETTE UNIVERSITY GRADUATE SCHOOL

## PERMISSION TO ENROLL IN A GRADUATE COURSE

Current undergraduate or professional students enrolled at Marquette University should use this form 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 (4000/5000 level courses). The department offering the course will keep the form, and they will email a copy to the Graduate School. Once permission is granted, it is the student's responsibility to register for this course using CheckMarq using the permission number supplied by the department offering the course.

### I. STUDENT INFORMATION

Name:	<input type="text"/>	MUID:	<input type="text"/>						
Adviser:	<input type="text"/>	Daytime Phone:	<input type="text"/>						
Degree sought (circle one):		Bachelor's degree	D.D.S.	J.D.	Other:	<input type="text"/>			
College / School (circle one):		A & S	COMM	NURS	DENT	EDUC	ENG	HESC	LAW
Student Signature:	<input type="text"/>	Date:	<input type="text"/>						

### II. COURSE INFORMATION

Department/ Course Number (COMM 2000):	<input type="text"/>	# of Credits:	<input type="text"/>	Section #:	<input type="text"/>
Instructor:	<input type="text"/>				
Term and Year of Enrollment:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:	<input type="text"/>

### 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.

### IV. MARQUETTE APPROVAL

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

Student's GPA	<input type="text"/>	Credit Hours Earned:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Undergrad/Professional School or College Dean Signature:	<input type="text"/>	Date:	<input type="text"/>		

#### B. Course Instructor

Instructor Signature:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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#### C. Department (Optional; As determined by department policy)

Department Chair/Director of Grad Studies Signature:	<input type="text"/>	Date:	<input type="text"/>
If Approved, Permission Number:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Please email a copy of the fully approved form to [gradrecords@marquette.edu](mailto:gradrecords@marquette.edu)