

Marquette University Graduate School
Inter-University Exchange Courses
GRAD 205: St. Louis University
Approval and Manual Registration Form

Personal Information

Date: _____

Last (Family Name): _____ First: _____ Middle Initial: _____

MUID#: _____

(Day Phone)

(Evening Phone)

(Fax)

E-mail Address: _____

Graduate School Plans

Department: _____

Title of Course: _____

Number of Credit Hours: _____

Term: Fall Spring Summer Year: _____ Section: _____

Signature of Adviser or DGS: _____

Signature of Approving Graduate School Administrator: _____

Date of Approval: _____