

**Marquette University Graduate School**  
*Inter-University Exchange Courses*  
*GRAD 201: University of Wisconsin-Milwaukee*  
*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: \_\_\_\_\_