



# MARQUETTE UNIVERSITY GRADUATE SCHOOL

## GRAD 6935: LOYOLA UNIVERSITY

If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

Last Name:  First Name:

MUID:  Day Phone:

Program:  Degree:

Reason for taking course at Loyola:

**NOTE: By signing this form you agree that you have read and understand all program requirements, which are available online at [http://www.marquette.edu/grad/future\\_MUtoNDLoyolaSLU.shtml](http://www.marquette.edu/grad/future_MUtoNDLoyolaSLU.shtml). Depending on the academic calendar of the institution where the course is taken, you should be aware that if you take a course at Loyola University during your final term, your graduation may need to be delayed.**

Student Signature:  Date:

### GRADUATE SCHOOL PLANS

Loyola Department:

Title of Loyola Course:

Course #:  Section #:  Credit Hour:

Term:  Fall  Spring  Summer Year:

Course Start Date:  Course End Date:

Signature of Adviser or DGS:  Date:

### FOR GRADUATE SCHOOL USE

Transcript Check

Graduate School Approval:  Date:

Scanned to OTR and returned to Assistant Dean.

Initials:  Date: