Name (print clearly): ______________________  Date: ______________________
Student ID #: ______________________  Duke Unique ID#: ______________________
Phone Number: ______________________  Duke E-mail Address: ______________________
Graduate/Professional School: ______________________  Degree Pursuing: ______________________

Honor Code: Duke University is a community of scholars and learners, committed to the principles of honesty, trustworthiness, fairness, and respect for others. Students share with faculty and staff the responsibility for promoting a climate of integrity. As citizens of this community, students are expected to adhere to these fundamental values at all times, in both their academic and non-academic endeavors.

The objective of The Fuqua School of Business Honor Code is to promote these standards. As the Fuqua community benefits from the atmosphere of trust fostered by the Honor Code, each member is responsible for upholding the spirit as well as the letter of the Code. By signing this registration request form you are agreeing to adhere to The Fuqua School of Business Honor Code. Visit our Non-Fuqua student registration site for more information on the Honor Code. http://www.fuqua.duke.edu/student_resources/registration/non_fuqua_students/

Student’s Signature ______________________  Date ______________________

Seeks permission to register for the following course if space is available:

1st Choice: ______________________  ______________________  ______________________  (course prefix) (course number) (course section) (ex: ACCOUNTG 592.102)
Course Title: ______________________  Class Number ______________________  (4 digit number)
*Course Schedule ______________________  ______________________  (ex. Tues/Fri 1:30-3:45)

NOTE: 2nd choice only if first choice is unavailable. (Please fill out a separate form for each requested course.)

2nd Choice: ______________________  ______________________  ______________________  (course prefix) (course number) (course section) (ex: ACCOUNTG 592.102)
Course Title: ______________________  Class Number ______________________  (4 digit number)
*Course Schedule ______________________  ______________________  (ex. Tues/Fri 1:30-3:45)

Time Conflicts and registration blocks will prevent you from being enrolled into this course.

Term ________  (ex: Fall 2013) Session: ____Fall 1 ____Fall 2 ____Spring 1 ____Spring 2
_____Credit _____Audit

Note: If a course has a course pack, you must buy it. You will be billed if you are approved to enroll in the class and have not purchased the course pack.

________________________________________
Signature of Fuqua Professor ______________________  Home Department Approval (see below)
________________________________________
Signature of MMS Dean, Russ Morgan or Associate Director ______________________  *Law and Nicholas School require Academic Dean’s approval.

Do not write below this line, Office use only.

Course: ______________________  Class Number: ______  Seating available ________
________________________________________  Fuqua Registrar  Date: ________________

Return completed form to the MMS Program Office, West Wing, W216 or email to: mms-studentservices@fuqua.duke.edu