



MMS Program at the Fuqua School of Business, Duke University
DUKE GRAD/PROF STUDENT COURSE REGISTRATION PERMISSION FORM

Name (print clearly): _____ Date _____

Student ID #: _____ Duke Unique ID#: _____

Phone Number _____ Duke E-mail Address _____

Graduate/Professional School _____ Degree Pursuing _____

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

1st Choice: _____ (subject code) _____ (course number) _____ (section number) (ex: MARKETNG 206F.101)

*Course Schedule _____ (ex. Mon/Thurs 12:15-2:30)

You will not be registered for the requested course if you have a time conflict (a course that overlaps or meets at the same time as the requested course).

Course Title: _____

NOTE: 2nd choice only if first choice is unavailable.

2nd Choice: _____ (subject code) _____ (course number) _____ (section number) (ex: MARKETNG 206F.101)

Course Schedule _____ (ex. Mon/Thurs 12:15-2:30)

Course Title: _____

Term and Session:

_____ Fall 1 _____ Fall 2 _____ Spring 1 _____ Spring 2

_____ Credit _____ Audit

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

Permission:

Signature of Fuqua Professor _____

* _____

Signature of MMS Dean, Kathie Amato
Or Associate Director, Kevin Hoch

Home Department approval (see NOTE below)
NOTE: *Law and Nicholas School require Academic Dean's approval.

Class Number: _____ Date sent to University RO: _____

Return completed form to the MMS Program Office, West Wing, W216 or email to:

mms-studentservices@fuqua.duke.edu