



DUKE GRAD/PROF STUDENT COURSE REGISTRATION PERMISSION FORM
The Fuqua School of Business, Duke University

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: _____ (ex: MARKETNG 491.102)
(course prefix) (course number) (course section)

*Course Schedule _____ (ex. Mon/Thurs 1:15-3:30)

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. (Please fill out a separate form for each requested course.)

2nd Choice: _____ (ex: MARKETNG 320.101)
(course prefix) (course number) (course section)

Course Schedule _____ (ex. Tues/Fri 1:15-3:30)

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. You will be billed for the course pack even if you do not purchase it.

NOTE: *Law and Nicholas School require Academic Dean's approval. *Masters of Engineering Management requires departmental approval.

* _____

Signature of Fuqua Professor
or attach email from professor

Departmental approval (see NOTE)

Do not write below this line, Office use only.

Course: _____ Class Number: _____ Seating available _____

_____ Fuqua Registrar

Returned completed form to the Student Services Office, East Wing, S09 or fax to (919) 660-7982.