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.

__________________________________________ * ____________________________
Signature of Fuqua Professor Departmental approval (see NOTE)
or attach email from professor

__________________________________________
Fuqua Registrar

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.