

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	<u></u>
Seeks permission to register for the	e following course if space is available:	
1 st Choice: (course prefix) (course Schedule You will not be registered for the requested cosame time as the requested course).	(ex: MARKETNG 491.7 se number) (course section) (ex. Mon/Thurs 1:15-3:30) ourse if you have a time conflict (a course that overlaps or the course that overlap	102) meets at the
Course Title:	II	
2 nd Choice: (course prefix) (course Schedule	ilable. (Please fill out a separate form for each requested composition (ex: MARKETNG 320.1) se number) (course section) (ex. Tues/Fri 1:15-3:30	101)
Term and Session:Fall, Session 1Fall, SessioCreditAudit	on 2Spring, Session 3Spring, Sessi	on 4
NOTE: *Law and Nicholas School require Dea approval.	an's approval. *Masters of Engineering Management requir	es departmental
	*	
Signature of Fuqua Professor or attach email from professor	Departmental approval (see NOTE)	
Do not write below this line, Office	ce use only.	
Course:	Class Number: Seating availab	le
Fuqua Registrar	<u>-</u> i	
Poturned completed form to the Studen	of Services Office, East Wing E335 or fax to (919)660-79	382