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:__________________________ (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:__________________________ (course prefix) (course number) (course section)
   Course Schedule________________________ (ex: Tues/Fri 1:15-3:30)

Course Title:__________________________

Term and Session:
   ____Fall, Session 1    ____Fall, Session 2    ____Spring, Session 3    ____Spring, Session 4
   _______Credit
   _______Audit


_________________________ __________________________
Signature of Fuqua Professor Departmental approval (see NOTE)
or attach email from professor

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 E335 or fax to (919)660-7982.