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

Note: Completed request form should be return to your department for processing

Name (print clearly): ___________________  Date: ____________________________
Student ID #: ______________________  Duke Unique ID#: __________________
Phone Number: _____________________  Duke E-mail Address: _______________
Graduate/Professional School: _________  Degree Pursuing: ________________

Honor Code: Duke University is a community of scholars and learners, committed to the principles of honesty, trustworthiness, fairness, and respect for others. Students share with faculty and staff the responsibility for promoting a climate of integrity. As citizens of this community, students are expected to adhere to these fundamental values at all times, in both their academic and non-academic endeavors.

The objective of The Fuqua School of Business Honor Code is to promote these standards. As the Fuqua community benefits from the atmosphere of trust fostered by the Honor Code, each member is responsible for upholding the spirit as well as the letter of the Code. By signing this registration request form you are agreeing to adhere to The Fuqua School of Business Honor Code. Visit our Non-Fuqua student registration site for more information on the Honor Code.
http://www.fuqua.duke.edu/student_resources/registration/non_fuqua_students/

Student’s Signature ___________________ Date ______________

Seeks permission to register for the following course if space is available:
1st Choice: ___________________ ___________________ (ex: ACCOUNTG 592.102)
(course prefix) (course number) (course section)
Course Title: ___________________ Class Number ____________ (4 digit number)
*Course Schedule ____________________________ (ex. Tues/Fri 1:30-3:45)

NOTE: 2nd choice only if first choice is unavailable. (Please fill out a separate form for each requested course.)
2nd Choice: ___________________ ___________________ (ex: ACCOUNTG 592.102)
(course prefix) (course number) (course section)
Course Title: ___________________ Class Number ____________ (4 digit number)
*Course Schedule ____________________________ (ex. Tues/Fri 1:30-3:45)
Time Conflicts and registration blocks will prevent you from being enrolled into this course.

Term _______ (ex: Fall 2013) 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 if you are approved to enroll in the class and have not purchased the course pack.

* __________________________
Signature of Fuqua Professor
or attach email from professor

Departmental approval (see NOTE below)


Do not write below this line, Office use only.

Course: ____________________________  Class Number: ___  Seating available ______
____________________________________ Fuqua Registrar ________________ Date

Return completed form to your home department for processing.