J. William and Mary Diederich College of Communication
Special Registration Permission Form

Directions: Please provide all information requested in Section 1 and take this form to the instructor of record listed in Checkmarq (If the instructor is listed as “Staff,” take it to the department chairperson) for an approving signature. You should receive an email with your permission number within 24 hours. Issuance of a permission number is not a guarantee of enrollment in the course.

Section 1: Completed by Student

Dept. and Catalog #__________________________Section #__________
(i.e. COMM 2100) (i.e. 101)
Meeting day(s)_________________________Meeting time_________________________
(i.e. MWF) (i.e. 9-9:50)

If applicable include: Discussion/Lab #________Meeting day(s)________Meeting time_________
(i.e. 401/601) (i.e. MWF) (i.e. 9-9:50)

During □ Fall □ Spring □ Summer 20______Course Instructor ____________________________

My Name ________________________________ My MUID ________________________________

My email _______________________________@marquette.edu

I am a □ Freshman □ Sophomore □ Junior □ Senior □ Non Degree □ Graduate Student

I am requesting permission to override the □ Prerequisite(s) □ Closed Class or obtain □ Consent

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Section 2: Completed by the Instructor or Department Chairperson.

I am granting permission to override □ Prerequisite(s) □ Closed Class or grant □ Consent

Instructor/Chair’s Name (print) _______________________________ Date ____________________

Instructor/Chair’s Signature (Indicates approval) ________________________________

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Section 3: Completed by the Records Office

Permission # ___________________________ Issued ___________________________