

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

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*) _____

Section 3: Completed by the Records Office

Permission # _____ Issued _____