

Request to take Duke Graduate Course (Outside of MEM/MeNG)

*Not applicable for Fuqua courses

To be completed by the student seeking permission to take a graduate course outside of MEM:

Name (as it appears in Duke Hub): _____

Duke Student ID (NOT Unique ID): _____ Duke Unique ID: _____

Duke E-mail Address: _____ Duke Net ID: _____

Degree Pursuing (e.g., MEM, MEng, etc.): _____

Seeking permission to take the following Graduate course, if space is available*:

_____ (ex: 5047 PHYSEDU 105.01)
(class number) (course prefix) (course number) (course section)

Course Title (ex: Weight Training): _____

Term:

- checkbox Fall Semester
checkbox Spring Semester

Year:

- checkbox 2023 checkbox 2024 checkbox 2025

Grading Basis:

- checkbox Graded (A-F)
checkbox Audit

Signature of Student

Date

To be completed by the Course Instructor:

Override enrollment cap, if necessary?

- checkbox Yes checkbox No

Signature of Course Instructor

(or attach email permission to form and save as one PDF)

Date

To be completed by the Director or Academic Coordinator in Student's Home Department

Signature of Director or Academic Coordinator Date

Do not write below this line - office use only.

Signature of Assoc. Dean, Masters Programs

Date