

MARQUETTE UNIVERSITY GRADUATE SCHOOL  
GRAD 6936: ST. LOUIS UNIVERSITY

Last Name:  First Name:

MUID:  Day Phone:

Program:  Degree:

Reason for taking course at St. Louis

NOTE: By signing this form you agree that you have read and understand all program requirements, which are available online at [www.marquette.edu/graduate](#)

Student Signature:  Date:

GRADUATE SCHOOL PLANS

St. Louis Department:

Title of St. Louis Course:

Course #:  Section #:  Credit Hour:

Term:  Fall  Spring  Summer Year:

Course Start Date:  Course End Date:

Signature of Adviser or DGS:

Graduate School Approval:  Date: