



MARQUETTE UNIVERSITY GRADUATE SCHOOL

GRAD 6935: LOYOLA UNIVERSITY

Last Name: First Name:

MUID: Day Phone:

Program: Degree:

Reason for taking course at Loyola

NOTE: By signing this form you agree that you have read and understand all program requirements, which are available online at http://www.marquette.edu/grad/future_MUtoNDLoyolaSLU/Depen Depending on the academic calendar of the institution where the course is taken, you should be aware that if you take a course at Loyola University during your term, your graduation may need to be delayed.

Student Signature: Date:

GRADUATE SCHOOL PLANS

Loyola Department:

Title of Loyola Course:

Course #: Section #: Credit Hour:

Term: Fall Spring Summer Year:

Course Start Date: Course End Date:

Signature of Adviser or DGS: Date:

FOR GRADUATE SCHOOL USE

Transcript Check

Graduate School Approval: Date: