

Pre-Requisites for a Professional Program: Course Information

Purpose: Used as an attachment required by the Request to Change Status to Complete Pre-Requisites for a Professional Program form and is also used to update your course registration each time a change is made or each subsequent term you register in this program.

Student Instructions

- Complete Sections 1-2 of this form using a computer.
 a. a handwritten form will not be accepted.

 - b. an incomplete form without appropriate attachments will not be processed and returned to you for completion.
- 2. Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature is **not** acceptable.
 After completing Sections 1-3, submit the form with appropriate attachments via one of the methods indicated at the bottom of this form.
 - a. if this is your first term to register in this program, you must attach a Request to Change Status to Complete Pre-Requisites for a Professional Program form.
 - b. if you are updating your registration for a term in which you are already registered, submit this form no later than the fourth class day of the session, in which the class is offered. c. if this is for a subsequent term for which you are registering in this program, submit no later than one week before the start of the term in which you wish to register.

NOTE: If you have not already done so and plan to receive financial aid for this program, you must apply for Federal Financial Aid (FASFA) for the current academic year.

College/School Instructions

Signature

- Approve request with signature in Section 4.
- 2. Provide copy to the Office of Student Financial Aid (OSFA)
- 3. Scan the request to the Office of the Registrar.

| Section 1: Student Informa | ition | | | | |
|---|--|------------------------------|---------------------------------|------------------------------|-------------------------|
| Name Last name, First name, Middle name | e, First name, Middle name | | MUID | | |
| Former Name(s) Last name, First name, Middle name | | | Email | | @marquette.edu |
| Action (check one) | 1st term of my registration in this program (at | ttachment required) | Update to 1st | registration term | |
| | 2nd term of my registration in this program | | Update to 2nd registration term | | |
| | 3rd term of my registration in this program | | Update to 3rd | registration term | |
| Section 2: List the courses Term (check one) Fall | s you will take this term Spring Summer | Year | | | |
| | | i ear | | | |
| Subject (e.g. CHEM) | Course Number (e.g. 1001) | Section (e.g. 101) | | Title | |
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| Subject (e.g. CHEM) | Course Number (e.g. 1001) | Section (e.g. 101) | | Title | |
| not already taken these courses a | courses that are needed in order for me to enr at another institution or in high school (as appli the new courses. Finally I understand that I n | cable). Furthermore, if I ch | ange my plans as to which | courses I take, I understand | l that I must submit an |
| Approved Den | ied Rationale | | | | |

Date