

MARQUETTE UNIVERSITY GRADUATE SCHOOL
GRAD 6934: UNIVERSITY OF NOTRE DAME

Last Name: First Name:
MUID: Day Phone:
Program: Degree:

Transcript Check

Student Signature: Date:

GRADUATE SCHOOL PLANS

Scanned to OTR and returned to Assistant Dean.

Notre Dame Department:

Title of Notre Dame Course: Initials: Date:

Course #: Section #:

Term: Fall Spring Summer Year:

Course Start Date:

Signature of Adviser or DGS: