

MARQUETTE UNIVERSITY – COLLEGE OF ENGINEERING

STUDY CARD

NAME _____ ID# _____ DATE: _____

MAJOR _____ MINOR _____

CLASSIFICATION NEXT SEMESTER: (circle one) **Freshman** **Sophomore** **Junior** **Senior** **Non-Degree**

Class #	Dept	Course #	Section #	#Credits

Total Credits

Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:						
9:						
10:						
11:						
12:						
1:						
2:						
3:						
4:						
EVENING						
5:						
6:						
7:						
8:						

Signature: _____

Advisor (or Department Representative)

Date: _____

Marquette University
College of Engineering
Registration Permit

Name: _____

Student ID: _____

Declared major: _____ minor: _____

I have advised the above named student for the coming semester.

Please allow this student to register.

Advisor: _____ Date: _____

Signature

This card MUST be returned to the Undergraduate Office