

The Graduate School
Loyola University Health Sciences Campus

COURSE REGISTRATION APPROVAL FORM

Semester I ____ II ____ (check one), Year 20 ____

Name: _____

Program: _____

List Courses to be Taken in the Upcoming Semester:

Program (Abbrev)	Catalog Number	Section Number	Semester Cr Hrs	Class Number

Total Number of Cr Hrs For This Registration: _____ Cr. Hrs.

Are You Registering For Dissertation or Thesis Supervision This Semester?

Yes _____ No _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

GPD Signature: _____ Date: _____

Return this Form by e-mail to loyolabiomed@luc.edu (once scanned) or bring to the Graduate School Office at SSOM, Rm. 300 for the Removal of Registration Block