

**SUBMIT THIS FORM NO LATER THAN DECEMBER 14, 2018 TO THE GRADUATE SCHOOL OFFICE, CTRE, RM. #140, or email to [loyolabiomed@luc.edu](mailto:loyolabiomed@luc.edu) for the removal of the Dean's Registration Block**

**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: \_\_\_\_\_