

# **ELECTIVE CANCELLATION FORM**

**LOYOLA  
UNIVERSITY  
CHICAGO**

**STRITCH SCHOOL OF MEDICINE**  
Office of Registration and Records (ORR)  
2160 S. First Avenue, Bldg. 120, Room 220  
Maywood, IL 60153

<b>Student Name</b>	_____	<b>Class of</b>	_____
<b>Course Number</b>	_____		
<b>Elective Title</b>	_____		
<b>Time Period</b>	_____	<b>Dates</b>	_____ <b>To</b> _____
<b>Course Supervisor</b>	_____		
<b>APPROVED BY</b>	_____	<b>Date</b>	_____
	(Signature of Course Supervisor or Designate)		
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<b>After approval, form may be faxed to ORR at 68151.</b>			

**ORR Use Only**      Schedule Changed \_\_\_\_\_