



Chicago's Jesuit University

LOYOLA UNIVERSITY CHICAGO

COLLEGE OF ARTS AND SCIENCES Department of Biology

PERMISSION TO REGISTER

Please type or print clearly.

Student Information:

Student: First and Last Names ID#

Major Date of Birth Biology Advisor

Telephone Number E-mail Address

Course Name:

Course No.: Course Section: Class #:

Lab/Dis. Section(if applicable):

Instructor:

- I have completed the required pre-requisites to register for this class
I took these prerequisites at another school (transfer credit).
I am repeating this course because:
I have contacted the Instructor to discuss my desire to register for this class

Student Date

Approval Signature

Instructor Date:

Printed Name:

Chairperson, Department of Biology Date:

Approved Entered By: Date:

Not Approved. Reason: