



# LOYOLA UNIVERSITY CHICAGO

COLLEGE OF ARTS AND SCIENCES  
Department of Biology

## PERMISSION TO REGISTER

This form is to gain permission to retake a course.  
Please type or print clearly.

### To be completed by the student:

Student: First and Last Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Class Status \_\_\_\_\_ E-mail \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Course Information:**

Course Name: \_\_\_\_\_

Section Number: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Registration Appt. Date/Time: \_\_\_\_\_ Semester of Study: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

I have completed the required prerequisites to register for this course

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by Instructor for approval (listed above)

Instructor name (printed): \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved, Reason: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_