



REQUEST for a CHANGE of REGISTRATION

RRREG

Loyola University Chicago, Registration and Records
820 N. Michigan STE 510, Chicago, Illinois 60611
(ph) 312-915-7221 ~ (fax) 312-915-6452
www.luc.edu/regrec

This form must be given to the student's dean for submission to the Office of Registration &Records. This request will be processed only if it comes directly from the student's dean.

Student Name: _____ Today's Date: _____
LUC Student ID #: _____ Student's email: _____@luc.edu
Academic Career (Ugrd,Grad, Law, etc.): _____ Program (School): _____
TERM: Fall Winter Spring Summer YEAR taken: _____ (or 4 numeral term code)

Action/Effective Date: _____

Note: In the majority of cases the action/effective date should be the date the student provides official notification of their intent to add/drop/withdraw. Only if warranted may the action/effective date be back-dated. Tuition assessment and academic marks are determined by the action/effective date.

I, (Dean's initials) _____ have informed the student that a change in registration status may impact financial aid (distributed or undistributed), tuition charges, and academic marks (W, WE ,etc.).

Only complete this section for Withdrawal and Leave of Absence requests. Select the applicable Withdrawal or Leave of Absence action and reason below. The action/effective date listed above will be used.

___ **Emergency Withdrawal** and Reason: _____

___ **Leave of Absence (LOA)** and Reason: _____

___ **Non-Emergency Withdrawal/Change of Registration** and Reason: _____

Select if the student is NOT returning after 1 semester, this selection will discontinue the LOCUS student record.

| DROP | | | | | SWAP | ADD | | | | |
|-------------------|---------|---------------|----------------|------------|---------------|------------------|---------|---------------|----------------|------------|
| Drop Class Number | Subject | Course Number | Section Number | Term Hours | "X" if a Swap | Add Class Number | Subject | Course Number | Section Number | Term Hours |
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Comments (Reasons **must be provided** if this action is back-dated)-submit in body of email if additional space is needed:

Dean's Approval (type full name): _____ Date: _____

Submit this form to: ADMCHGREG@luc.edu

Please enter the student name on the Subject line.

FERPA Notice: The information contained in this form is a part of the student's education record and is not to be shared with anyone who does not have a legitimate educational interest in the student's record. This form, and any copies thereof, should be destroyed one year after the date of submission.