

School of Education- Graduate Programs

Registration Form: Directed Study,
Direct Readings, or Independent Study



Preparing people to lead extraordinary lives

Water Tower Campus • 820 N. Michigan, 11th floor • Chicago, IL 60611
Phone: (312) 915-6800 • (312) 915-6660

Loyola Identification # (LID) _____

Date _____ / _____ / _____

Name _____
Last or Family First Middle Previous or other Last Name(s)

Course: Dept. Abbr. _____ Number _____ Section _____ Sem. Hours (1-3) _____
Title _____

Instructor _____ Semester and Year _____

Subject _____

Brief Outline:

Partial Bibliography:

1. _____
2. _____
3. _____
4. _____

Signatures of Approval:

Instructor Date

Associate Dean, Academic Programming Date

You must provide the specific course title at the time you submit this study plan. Please print one letter or punctuation mark per space (25 spaces maximum allowed).

Note: *Submit this form signed by the instructor to the program coordinator who will obtain the Associate Dean's signature, register you for the class, and forward the form to Records and Registration for at title change.*

Date Registration Completed _____

Date Form Submitted to Registration and Records _____

Program Coordinator's Initials _____

(Retain a copy for student file)