

LOYOLA UNIVERSITY CHICAGO  
Office of Academic Affairs

PERMISSION TO ENROLL IN COURSES AT A SCHOOL OTHER THAN LOYOLA  
(Note: Students may not take more than 12 hours total from other institutions after matriculating to Loyola.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Personal ID Number: \_\_\_\_\_ Courses Approved for: \_\_\_\_\_  
Term Year

Student's Major: \_\_\_\_\_ Number of hours earned to date: \_\_\_\_\_

Student's LUC email: \_\_\_\_\_

This student has permission to enroll in the following courses:

Course Title	Course No.	Credit Hours	LIST LUC Equivalent Course & Number	For: (Circle One)
_____				Major Minor Elective Core
_____				Major Minor Elective Core
_____				Major Minor Elective Core

at \_\_\_\_\_  
(Name of College or University) Attach course descriptions for all courses.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Status: \_\_\_\_\_ Good Standing \_\_\_\_\_ On Academic Probation  
\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**APPROVAL:**

Dean/Chairperson/Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Where appropriate)

Reason Permission Granted

\_\_\_\_\_  
\_\_\_\_\_

COPIES: Student  
Dean or Advisor File

Please send transcript of student's work to:  
**THE EXAMINER OF CREDENTIALS**  
LOYOLA UNIVERSITY CHICAGO  
820 NORTH MICHIGAN AVENUE CHICAGO, ILLINOIS 60611