



**Water Tower Campus • 820 N. Michigan, 11<sup>th</sup> 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: Course Subject. \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_ Sem. Hours (1-3) \_\_\_\_\_  
Title \_\_\_\_\_

Instructor \_\_\_\_\_ Semester and Year \_\_\_\_\_

Subject \_\_\_\_\_  
\_\_\_\_\_

**Brief Outline:**

**Partial Bibliography:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Course Title**

You must provide the specific course title at the time you submit this study plan (25 characters maximum allowed).

**Note: Please save this form and submit via email it to your instructor, who will obtain the necessary approvals. The Program Coordinator will register you for the class and supply the course title for the official transcript.**

Signatures of Approval: \_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Associate Dean, Academic Programs Date

Date Registration Completed \_\_\_\_\_

Date submitted to Registration and Records \_\_\_\_\_ Program Coordinator's Initials \_\_\_\_\_

*(Retain a copy for student file)*