



LOYOLA  
UNIVERSITY  
CHICAGO

**Mission Grant Tuition Program  
Financial Aid Office  
1032 W. Sheridan Rd.  
Chicago, IL 60626**

Student Identification Number \_\_\_\_\_

Name \_\_\_\_\_

*Last*

*First*

*M.I.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Email address \_\_\_\_\_

I plan to register for courses in one of the following semester/summer session:  
(Please check only ONE term, a separate form must be completed for each term of enrollment)

Semester I (fall)  Semester II (spring)  Summer I (May-July)  Summer II (July-August)

To assist in the process of your tuition credits, please check the appropriate box indicating your program of study.

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> M.A.  | <input type="checkbox"/> Teacher Certificate Program |
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Undergraduate Degree        |
| <input type="checkbox"/> M.Ed. | <input type="checkbox"/> Other degree                |
| <input type="checkbox"/> Ed.D. | <input type="checkbox"/> No degree sought            |

Department name \_\_\_\_\_

**ADMINISTRATIVE APPROVAL**

The above named person is an eligible full time employee of (check one):

Cristo Rey  Loyola Academy  St. Ignatius  Christ the King

and has the endorsement to register for courses as indicated;

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title/Position*

Scan completed form and upload to <https://forms.luc.edu/faupload>