



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>