



**Mission Grant Tuition Program  
Office of Student Financial Assistance  
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*

Please return this form by mail or fax to:

Loyola University Chicago  
Office of Student Financial Assistance  
1032 W. Sheridan Rd.  
Chicago, IL 60626  
Phone (773) 508-8928  
FAX (773) 508-3397