



REQUEST for a CHANGE of REGISTRATION

RRREG

Loyola University Chicago, Registration and Records
 820 N. Michigan STE 504, Chicago, Illinois 60611
 (ph) 312-915-7221 ~ (fax) 312-915-6452
 www.luc.edu/regrec

This form must be given to the student's dean for submission to the Office of Registration & Records. This request will be processed only if it comes directly from the student's dean.

Students Name: _____ Today's Date: _____
 LUC Student ID #: _____ Student's email: _____@luc.edu
 Academic Career (School): _____ Program: _____
 Academic Institution: LUCHI
 TERM: Fall Winter Spring Summer YEAR taken: _____ (or 4 numeral term code)

Action Date: _____

Note: the action date is the date on which this change of registration is effective. In the majority of cases this should be the date this form is submitted. Only if warranted may this action be back-dated. Tuition assessment and academic marks are determined by the effective date.

I, (Dean's initials) _____ have informed the student that a change in registration status may impact financial aid (distributed or undistributed), tuition charges, and academic marks (W, WF, etc.)

DROP					SWAP	ADD				
Drop Class Number	Subject	Course Number	Section Number	Term Hours	"X" if a Swap	Add Class Number	Subject	Course Number	Section Number	Term Hours

INDICATE HERE BY CHECKING THIS BOX IF THIS IS A **COMPLETE WITHDRAWAL** FROM LOYOLA UNIVERSITY CHICAGO FOR THIS TERM

Comments (Reasons **must be provided** if this action is back-dated):

Dean's Approval (type full name): _____ (Date): _____

Submit this form to: _____ Please enter the student's last name and LUC ID on the Subject Line.

FERPA Notice: *The information contained in this form is a part of the student's education record and is not to be shared with anyone who does not have a legitimate educational interest in the student's record. This form, and any copies thereof, should be destroyed one year after the date of submission.*