



**LOYOLA**

UNIVERSITY MARYLAND

Office of the Registrar

4501 N. Charles Street

Baltimore, MD 21210-1699

# Undergraduate Registration Form

(Full-Time Students Only)

Student ID#:		Student Status: (Check one)		
		<input type="checkbox"/> Class of _____	<input type="checkbox"/> Special	<input type="checkbox"/> Visiting
Last Name:		First Name:		M.I.:
Major:	Specialization/Concentration:		Minor:	

**- Important -**

- All course-related information, including textbook requirements/costs, is available via Loyola Self-Service.
- Students are responsible for the selection of courses and completion of degree requirements. Refer to My Progress/Degree Audit on Loyola Self-Service.
- If a student decides to withdraw from school after completion of this form, a withdrawal form must be completed to prevent incurring a debt with the University.
- Except as otherwise noted in the individual program descriptions, all financial aid awards require that you be continuously enrolled on a full-time basis (minimum of 12.0 credits per term). You must notify the Office of Financial Aid if you fail to register for the required number of credits for any term in which you are receiving aid. If you are considering withdrawing from a course, you should first contact the Office of Financial Aid to determine what effect such action may have on your financial aid eligibility.
- **Course Status Key:** C = Credit; P = Pass/No Credit; L = Audit; I = Independent Study, Private Study, Internship; R = Repeat/Replacement (must also be accompanied by Repeat/Replacement Form)\*

Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Term Year
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**COURSE INFORMATION**

Dept.	Crse. #	Sec. #	Course Title	Credits	Instructor	Status (Select one)
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*

**Alternate Course Selections**

Dept.	Crse. #	Sec. #	Course Title	Credits	Instructor	Status (Select one)
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*

Student's Signature					Date
Advisor's Signature			Electronic Permission:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date

**- Office Use Only -**

Academic Advising Signature	Date
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