

**SUBMIT THIS FORM NO LATER THAN JULY 26, 2023**  
by email to [loyolabiomed@luc.edu](mailto:loyolabiomed@luc.edu) for removal of the  
Dean's Registration Block

**The Graduate School**  
**Loyola University Health Sciences Campus**

**COURSE REGISTRATION APPROVAL FORM**

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ (check one), Year 20 \_\_\_\_\_

Name: \_\_\_\_\_

Program: \_\_\_\_\_

List Courses to be taken in the upcoming semester:

Program (Abbrev)	Catalog Number	Section Number	Semester Cr Hrs	Class Number

Total Number of Cr Hrs For This Registration: \_\_\_\_\_ Cr. Hrs.

Are You Registering For Dissertation or Thesis Supervision This Semester?

Yes \_\_\_\_\_ No \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GPD Signature: \_\_\_\_\_ Date: \_\_\_\_\_