

LOYOLA UNIVERSITY CHICAGO
DEPARTMENT OF PHILOSOPHY
Crown Center, 3rd floor
Lake Shore Campus
(773) 508-2291

REGISTRATION FORM
Directed Readings/Independent Study

Check one:

Undergraduate

Graduate

Student name: _____

ID#: _____

Student email: _____

Semester and year course to be taken: _____

Course title: _____

Brief description: _____

Partial Bibliography:

1. _____
2. _____
3. _____
4. _____
5. _____

Instructor name: _____

Instructor signature: _____

Date: _____

Student signature: _____

Date: _____

Student and instructor: Please complete and sign this form, make a copy for your records (if desired) and return the original to the Philosophy Department Secretary (Crown Center 201). The original will be kept in the student's department file.

OFFICE USE ONLY: Term _____ Course _____ Section _____ Call# _____ Section created? _____ Student registered? _____ Stmnt/Instr notified? _____