

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 381). The original will be kept in the student's department file.

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