LOYOLA UNIVERSITY CHICAGO

SOCIOLOGY COURSE APPROVAL FORM

Name _____ Student ID# _____
Last First Middle

Address _____ Phone _____
Street City State Postal Code

E-mail address _____ Degree Sought(circle one): MA/ PhD

Course ID	Section #	Class #	Semester Hours	Comments

Please sign below as indicated

Student _____ Date_____

Advisor _____ Date_____

Chair or GPD _____ Date_____

Rev. A