



LOYOLA

UNIVERSITY MARYLAND

Office of the Registrar

4501 N. Charles Street

Baltimore, MD 21210-2699

Specialized Study

Student ID#:		Student Status:	
		<input type="checkbox"/> Graduate	<input type="checkbox"/> UG- Class of: _____
Last Name:		First Name:	M.I.:
Major			
Minor			
Course Information			
Term Year	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Summer Alt: Start Date: _____ End Date: _____		
Type of Study:			
<input type="checkbox"/> Independent <input type="checkbox"/> Internship <input type="checkbox"/> Private			
Course Title			Credits
Instructor		Instructor's Department	
Course Level		Course Equivalent	
Location: <input type="checkbox"/> Baltimore <input type="checkbox"/> Timonium <input type="checkbox"/> Net/ Online <input type="checkbox"/> Specify Other:			
Readings or other work assigned (may attached information)			
Brief description of the study or project (may attach information)			
Note: Undergraduate internships may not be used to satisfy core requirements, and up to two internships (6 credits; two 3-credit courses) may count toward graduation requirements. Departments also determine how many internships count toward their major or minor program(s).			
Student's Signature	Date	Instructor's Signature	Date
Department Chair's Signature	Date	Academic Advising Signature (UG only)	Date

Rec - REV 7/24

DOC TYPE: Registration, Specialized Study

Course No.
(Records Office)