



# LOYOLA

UNIVERSITY MARYLAND

Office of the Registrar  
4501 N. Charles Street  
Baltimore, MD 21210-2699

## Undergraduate Part-Time Registration Request Form

Student ID or SS#	Student Directory: Publish Information? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check: (if applicable) <input type="checkbox"/> New Address <input type="checkbox"/> New Phone # <input type="checkbox"/> Name Change			
Last Name		First Name		Middle Name	
Address		City	State	Country	Zip Code
MD County (if applicable)	Home Phone	Name Previously Used			
Cell Phone	Business Phone	Employer			

Sex	Birth Date	Ethnic Code	Race Code (list all applicable)	Marital Status	Visa Type	Citizen of:	Religion Code
-----	------------	-------------	---------------------------------	----------------	-----------	-------------	---------------

### - IMPORTANT -

Return completed Registration Form with payment to: Office of the Registrar, Loyola University Maryland, 4501 N. Charles Street, Baltimore, MD 21210-2699. Payment must include registration fee, tuition, and all other applicable fees.

Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other _____				Year
Anticipated Degree: (if applicable) <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> B.S.E.S. <input type="checkbox"/> B.B.A.		Student Status: <input type="checkbox"/> Degree <input type="checkbox"/> Visiting <input type="checkbox"/> Special		Entering Status: <input type="checkbox"/> New <input type="checkbox"/> Continuing (attended during previous 12 months) <input type="checkbox"/> Re-entering (did not attend in previous 12 months) _____ Date of Last Attendance
Anticipated Graduation Date: May 20 _____ September 20 _____ January 20 _____		Major (see Codes on reverse)		
<b>Must apply to graduate. Application due date will be enforced.</b>		Specialization (see Codes on reverse)		
		Minor (see Codes on reverse)		

### Course Information

Course Key (Ex: EN 101 01)	Course Title	Credits	Instructor	Status (Circle one) *See Codes on Reverse
				C L I R*
				C L I R*
				C L I R*
				C L I R*
				C L I R*
				C L I R*

Payment Type:	Check <input type="checkbox"/> Credit Card: Payments must be made within 10 days via WebAdvisor. A 2.5% convenience fee will be charged.	<input type="checkbox"/> Loans	<input type="checkbox"/> Other _____	Amount
<input type="checkbox"/> Tuition Remission				

Please Note: Remission and Faculty Exchange forms must accompany registration. For Third Party Billing, registration must be accompanied by a letter of authorization or purchase order. Receipts are mailed after the first week of classes.

Student's Signature	Date	Advisor's Signature	Date
---------------------	------	---------------------	------

<b>OFFICE USE ONLY</b>	Tuition	_____
	Registration Fee	_____
	Laboratory Fee	_____
	Practicum/Internship Fee	_____
	Late Registration Fee	_____
	Other	_____
	<b>Total</b>	_____

# Undergraduate Registration Codes

## ANTICIPATED DATE OF GRADUATION

This item must be completed by students who are applicants for financial aid or recipients of Federal Stafford Loan assistance.

<https://www.loyola.edu/department/records/undergraduate/registration>

**Click the link above to see Program Codes.**

## Ethnicity Codes

- HIS Hispanic/Latino
- NHS Non-Hispanic/Latino

## Race Codes (select/list all applicable)

- AN American Indian/Alaska Native
- AS Asian
- BL Black/African American
- HP Native Hawaiian/Other Pacific Islander
- WH White

## Religion Codes

- A Other
- B Buddhism
- C Catholicism
- H Hinduism
- I Islam
- J Judaism
- O Orthodox
- P Protestantism

## COURSE STATUS KEY

- C Credit
- L Audit
- I Independent/Private Study or Internship (Specialized Study Form must accompany registration)
- R Repeat (for grade received in previous Loyola course. Repeat/Replacement Form must accompany registration)