

Undergraduate Change of Registration Form

Student ID #:					Student Status:			Student Athlete:			Sixth Course:				VA Benefits:			
				Full-	-Time 🔲	Part-Time		Yes	☐ No)		Yes	☐ N	0	Ye	s No)	
Last Name:					First Name: M.I.: Student Mol							nt Mobile	oile Phone:					
Major:				Specialization/	n/Concentration:			M	Minor:				Expected Graduation Date:					
rerm: Fall Spring					Sumn	ner		Year:										
- Important -																		
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Student's Signature (required)														Date				
	Academic Advisor's Signature or attach email approval														Date			
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For billi	ng informa	tion, visit	www.	.loyola.edu/	departme	ent/financi	al-servic	es/stude	nt-account	s.								