

**LOYOLA UNIVERSITY NEW ORLEANS
CITY COLLEGE**

REQUEST TO TAKE A NON-LOYOLA COURSE

Student Name _____ SSN _____

Mailing Address _____ Date _____

City _____ State _____ Zip _____

1. List below the college you wish to attend, the term in which you wish to enroll, the course(s) you wish to take, and the Loyola requirement(s) to be met.

College	Term
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Course Number and Title	Loyola requirement
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2. Attach a copy of the catalog description of the course(s) you are requesting permission to take. You may be asked to provide additional information.

3. Provide a rationale for your request: (use space below or separate sheet)

4. Submit form to your academic advisor.

TO BE COMPLETED BY YOUR ACADEMIC ADVISOR

Is student within final 33 hours? [] Yes [] NO

Advisor's Recommendation: [] I support the request [] I DO NOT support the request.

Advisor's signature _____ Date _____

Dean's Approval _____ Date _____

(After all signatures have been obtained, route to Dir. of Admissions/Student Services.)