LOYOLA
UNIVERSITY MARYLAND
Records Office
4501 N. Charles Street
Baltimore, MD 21210-2699

Course Permission Slip

IMPORTANT

- I have met with this student and give the required permission for him/her to be registered for the course specified below.
- I understand that my signature does not guarantee the student a place in the course.
- This form may only be used for courses requiring a signature prior to registration. The student must present this form with the registration materials at the time of registration.

Student ID	Student Name	Course Number	Term/Year

Appropriate Faculty Signature	Date

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