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

Specialized Study

(Must accompany Registration Request form or Change of Registration form)

Student ID# Required	Student Status: ☐ Graduate ☐ UG – Class of: _____	
Last Name	First Name	M.I.
Major		
Minor		

Course Information

Term Year	Term: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer Alt.: Start Date: _____ End Date: _____	
Type of Study: ☐ Independent ☐ Internship ☐ Private	**Course Title**	**Credits**
	Instructor	**Instructor's Department**
	Course Level	**Course Equivalent**

Readings or other work assigned (may attach 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	Date

Course No. (Records Office)	