

PETITION FOR DEGREE AUDIT ADJUSTMENTS

*Please allow 10 working days for adjustment processing -
 check the degree audit for confirmation.*

Field names with asterisks are required; fields with dash borders are optional.

*** LAST NAME

*** FIRST NAME

M.I.

*** ID#

I REQUEST THESE CHANGES BE MADE TO MY DEGREE AUDIT

@Lionmail.lmu.edu***

***COLLEGE:

BCLA CBA CFA FRSCSE FTV SOE

STUDENT SIGNATURE***

DATE***

*** YEAR:

FR SO JR SR GR

***PROGRAM:

*** MAJOR 1

CONC 1

MAJOR 2

CONC 2

MINOR1

MINOR2

MINOR3

COURSE SUBSTITUTION FOR LMU COURSE OR DEGREE REQUIREMENT IDENTIFIED ON AUDIT

APPLIES TO:

SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT IDENTIFIED ON AUDIT	*MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT IDENTIFIED ON AUDIT	*MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT IDENTIFIED ON AUDIT	*MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT IDENTIFIED ON AUDIT	*MJ1	CN1	MJ2	CN2	MNR

COMMENTS

COURSE WAIVERS

SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER
REASON			

WAIVER / ADJUSTMENT OF UNIVERSITY / COLLEGE PROGRAM REQUIREMENT

REQUEST AND REASON

RECOMMENDED ACTION: APPROVAL DENIAL

ADVISOR SIGNATURE

DATE mm/dd/yy

RECOMMENDED ACTION: APPROVAL DENIAL

CHAIRPERSON SIGNATURE

DATE mm/dd/yy

RECOMMENDED ACTION: APPROVAL DENIAL

ASSOCIATE DEAN SIGNATURE

DATE mm/dd/yy