



**Loyola
Marymount
University**

REGISTRATION ADJUSTMENT

Office of the Registrar

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LMU ID NUMBER _____	NAME (LAST, FIRST) _____	SIGNATURE OF STUDENT _____	DATE _____
		<i>STUDENT ASSUMES FULL RESPONSIBILITY FOR FINANCIAL ADJUSTMENTS THAT MAY BE INCURRED TO THE STUDENT ACCOUNT BY THE APPROVAL OF THIS PETITION</i>	
EMAIL _____	PHONE _____		
COLLEGE/SCHOOL	LEVEL	TERM FOR WHICH REQUEST IS BEING MADE	
<input type="checkbox"/> BCLA <input type="checkbox"/> CBA <input type="checkbox"/> CFA <input type="checkbox"/> FTV <input type="checkbox"/> SOE <input type="checkbox"/> FRSCSE	<input type="checkbox"/> UG <input type="checkbox"/> GR <input type="checkbox"/> ND	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II <input type="text"/> YEAR	

PLEASE SELECT ONE OF THE REGISTRATION ADJUSTMENTS BELOW AND SUBMIT WITH APPROVING SIGNATURES.

<input type="checkbox"/> UNIT OVERLOAD	<i>PROCESSED 2 WEEKS PRIOR TO START OF SEMESTER. ADDING THE COURSE IS THE STUDENT'S RESPONSIBILITY AND ALL REGISTRATION RESTRICTIONS APPLY.</i>	<input type="text"/> <input type="text"/> HOURS ALLOWED	STUDENT DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____		
<input type="checkbox"/> UNIT ADJUSTMENT - LATE	COURSE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.	<input type="text"/> <input type="text"/> CURRENT HOURS	
	<input type="text"/> <input type="text"/> REVISED HOURS	COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____	STUDENT DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____	
<input type="checkbox"/> TIME CONFLICT	<i>I AM REGISTERED IN THIS COURSE:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.	<input type="text"/> <input type="text"/> SEMESTER HOURS
	<i>I WISH TO ADD THIS COURSE REGISTRATION RESTRICTIONS APPLY:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.	<input type="text"/> <input type="text"/> SEMESTER HOURS
		INSTRUCTOR (SIGNATURE) _____	DATE _____	COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____	
		INSTRUCTOR (SIGNATURE) _____	DATE _____	COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____	
<input type="checkbox"/> CREDIT / NO-CREDIT GRADING	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.	<input type="text"/> <input type="text"/> SEMESTER HOURS	
			STUDENT DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____		
<input type="checkbox"/> EXTENSION OF INCOMPLETE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.		
	REVISED COMPLETION DATE (MM/DD/YY) _____	TERM <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II	YEAR _____			
		INSTRUCTOR (SIGNATURE) _____	DATE _____	COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____	
<input type="checkbox"/> COURSE AUDIT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DEPARTMENT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COURSE NO.	<input type="text"/> <input type="text"/> SECTION NO.	<input type="text"/> <input type="text"/> SEMESTER HOURS	
	<i>AVAILABLE TWO WEEKS AFTER THE START OF SEMESTER</i>		COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) _____	DATE _____		
		<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	UNIVERSITY REGISTRAR (SIGNATURE) _____	DATE _____		