

LMU ID NUMBER	NAME (LAST, FIRST)	SIGNATURE OF STUDENT	DATE
LMU EMAIL		COLLEGE/SCHOOL <input type="checkbox"/> BCLA <input type="checkbox"/> CBA <input type="checkbox"/> CFA <input type="checkbox"/> FTV <input type="checkbox"/> SOE <input type="checkbox"/> FRSCSE	LEVEL <input type="checkbox"/> UG <input type="checkbox"/> GR

Please refer to the University Bulletin for applicable fees

COURSE								
	DEPARTMENT				COURSE NO.			
EXAM DATE	MM/DD/YY							
TERM FOR WHICH REQUEST IS BEING MADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR			
	FALL	SPRING	SUMMER I	SUMMER II				

ASSIGNED INSTRUCTOR (PRINT)	INSTRUCTOR (SIGNATURE)	DATE
	DEPARTMENT CHAIR	DATE
	STUDENT DEAN'S OR DIRECTOR'S OFFICE	DATE

<input type="checkbox"/>	<input type="checkbox"/>	UNIVERSITY REGISTRAR	DATE
APPROVE	DENY		