LMU|LA
Loyola Marymount University

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EXCEPTION TO UNIVERSITY POLICY

LMU ID NUMBER _____ NAME (LAST, FIRST) _____ SIGNATURE OF STUDENT _____ DATE _____

STUDENT ASSUMES FULL RESPOSIBILITY FOR FINANCIAL ADJUSTMENTS THAT MAY BE INCURRED TO THE STUDENT ACCOUNT BY THE APPROVAL OF THIS PETITION

EMAIL _____ PHONE _____

COLLEGE/SCHOOL ❑ BCLA ❑ CBA ❑ CFA ❑ FTV ❑ SOE ❑ FRSCSE

LEVEL ❑ UG ❑ GR ❑ ND

TERM FOR WHICH REQUEST IS BEING MADE ❑ FALL ❑ SPRING ❑ SUMMER I ❑ SUMMER II YEAR _____

REQUEST: ❑ COURSE

CRN	DEPARTMENT	COURSE NO.	SECTION NO.	SEMESTER HOURS

❑ OTHER _____

EXPLAIN WHY YOU ARE REQUESTING AN EXCEPTION TO UNIVERSITY POLICY (ATTACH ANY SUPPORTING DOCUMENTATION)

_____

❑ APPROVE ❑ DENY UNIVERSITY REGISTRAR _____ DATE _____