

Loyola Marymount University  
**PETITION FOR CAPP ADJUSTMENTS**

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

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

**\*\*\* LAST NAME**

**\*\*\* FIRST NAME**

M.I.

**\*\*\* ID#**

**@LIONMAIL.LMU.EDU \*\*\***

**\*\*\* CLASSYEAR:**

FR SO JR SR GR

PHONE

**\*\*\*COLLEGE:**

BA CF ED FT LA SE

CURRENT PROGRAM:

**\*\*\* MAJOR 1**

CONC 1

MAJOR 2

CONC 2

MINOR

MINOR

MINOR

COURSE SUBSTITUTION    FOR    LMU COURSE    OR    RULE / AREA REQUIREMENT

APPLIES TO:

	FOR		OR		
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER	CAPP RULE / AREA	MJ1 CN1 MJ2 CN2 MNR
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER	CAPP RULE / AREA	MJ1 CN1 MJ2 CN2 MNR
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER	CAPP RULE / AREA	MJ1 CN1 MJ2 CN2 MNR
SUBJECT	COURSE NUMBER	SUBJECT	COURSE NUMBER	CAPP RULE / AREA	MJ1 CN1 MJ2 CN2 MNR

COMMENTS

**COURSE WAIVER**

**WAIVER / ADJUSTMENT OF UNIVERSITY / COLLEGE PROGRAM REQUIREMENT**

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

REQUEST AND REASON

RECOMMEND:	APPROVAL	DENIAL			
			ADVISOR		DATE mm/dd/yy
RECOMMEND:	APPROVAL	DENIAL		CHAIRPERSON	DATE mm/dd/yy
RECOMMEND:	APPROVAL	DENIAL		ASSOCIATE DEAN	DATE mm/dd/yy