



Office of the Registrar
Charles Von der Ahe Building 150
1 LMU Dr. MS-8325
Los Angeles, CA 90045-2659
310-338-2740 310-338-4466 Fax
registrar@lmu.edu http://registrar.lmu.edu

LATE ADD DROP PETITION - SOE

To be used by School of Education students

USE THE SECOND PAGE OF THIS FORM TO EXPLAIN WHY YOU ARE REQUESTING THIS EXCEPTION TO UNIVERSITY POLICY. THE FORM WILL NOT BE PROCESSED WITHOUT A DETAILED EXPLANATION. ATTACH ANY SUPPORTING DOCUMENTATION.

LMU ID NUMBER _____	NAME (LAST, FIRST) _____	SIGNATURE OF STUDENT _____	DATE _____
TERM FOR WHICH REQUEST IS BEING MADE	YEAR	STUDENT ASSUMES FULL RESPONSIBILITY FOR FINANCIAL ADJUSTMENTS THAT MAY BE INCURRED TO THE STUDENT ACCOUNT BY THE APPROVAL OF THIS PETITION	
<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUM. I <input type="checkbox"/> SUM. II	_____		
	EMAIL _____		

COURSE TO LATE:	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
COURSE TO EXCHANGE IF APPLICABLE:		<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			INSTRUCTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ADVISOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			PROGRAM DIRECTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ASSISTANT DEAN _____	DATE _____	

COURSE TO LATE:	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
COURSE TO EXCHANGE IF APPLICABLE:		<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			INSTRUCTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ADVISOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			PROGRAM DIRECTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ASSISTANT DEAN _____	DATE _____	

COURSE TO LATE:	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
COURSE TO EXCHANGE IF APPLICABLE:		<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"/> <input type="text"/> DEPARTMENT	<input type="text"/> <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
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			INSTRUCTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ADVISOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			PROGRAM DIRECTOR _____	DATE _____	
RECOMMENDATION:	<input type="checkbox"/> ACKNOWLEDGE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL			ASSISTANT DEAN _____	DATE _____	

UNIVERSITY REGISTRAR'S ACTION:	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	UNIVERSITY REGISTRAR _____	DATE _____
--------------------------------	--	----------------------------	------------

