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REGISTRATION ADJUSTMENT

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

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

UNIT OVERLOAD PROCESSED 2 WEEKS PRIOR TO START OF SEMESTER. ADDING THE COURSE IS THE STUDENT'S RESPONSIBILITY AND ALL REGISTRATION RESTRICTIONS APPLY.

HOURS ALLOWED _____ STUDENT DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

UNIT ADJUSTMENT - LATE

COURSE: _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ CURRENT HOURS _____

CRN _____

REVISSED HOURS _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____ STUDENT DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

TIME CONFLICT I AM REGISTERED IN THIS COURSE: _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____

CRN _____

INSTRUCTOR _____ DATE _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

I WISH TO ADD THIS COURSE REGISTRATION RESTRICTIONS APPLY: _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____

CRN _____

INSTRUCTOR _____ DATE _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

CREDIT / NO-CREDIT GRADING _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____

CRN _____

STUDENT DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

EXTENSION OF INCOMPLETE _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____

CRN _____

REVISSED COMPLETION DATE (MM/DD/YY) _____ TERM FALL SPRING SUMMER I SUMMER II _____ YEAR _____

INSTRUCTOR _____ DATE _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

COURSE AUDIT AVAILABLE TWO WEEKS AFTER THE START OF SEMESTER

_____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____

CRN _____

COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

APPROVE DENY _____ UNIVERSITY REGISTRAR _____ DATE _____