

Loyola Marymount University
PETITION FOR CAPP ADJUSTMENTS

Please allow up to 10 working days for petition processing -Check the PROWL for confirmation.

LAST NAME FIRST NAME M.I.

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ID#

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MAILING ADDRESS

DAYTIME PHONE

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CAMPUS BOX

EMAIL

MAJOR OR MINOR THIS
ADJUSTMENT APPLIES TO

CLASS YEAR: SR JR SO FR G

COLLEGE: BA CF ED FT LA SE

Major: _____

COURSE SUBSTITUTION / RULE ADJUSTMENT

DEPARTMENT | COURSE NUMBER FOR DEPARTMENT | COURSE NUMBER OR AREA | RULE

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DEPARTMENT | COURSE NUMBER FOR DEPARTMENT | COURSE NUMBER OR AREA | RULE

COMMENTS

COURSE WAIVER

DEPARTMENT | COURSE NUMBER

DEPARTMENT | COURSE NUMBER

DEPARTMENT | COURSE NUMBER

COMMENTS

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

RECOMMEND:

APPROVAL

DENIAL

ADVISOR

DATE

RECOMMEND:

APPROVAL

DENIAL

CHAIRPERSON

DATE

RECOMMEND:

APPROVAL

DENIAL

DEAN

DATE