



CHANGE OF PROGRAM PETITION

LMU ID#	NAME (LAST, FIRST)
CONTACT PHONE	@lion.lmu.edu
LMU EMAIL	SIGNATURE OF STUDENT
	DATE

ADD TO ACADEMIC PROGRAM	CONCENTRATION (IF APPLICABLE)	CHAIRPERSON OR PROGRAM COORDINATOR SIGNATURE & DATE	DEAN OR GRADUATE PROGRAM COORDINATOR SIGNATURE & DATE	
MAJOR 1				ADVISOR ASSIGNMENTS:
MAJOR 2				
MINOR 1				
MINOR 2				
MINOR 3				
2ND DEGREE				
CREDENTIAL 1				
CREDENTIAL 2				
CERTIFICATE				

DROP FROM ACADEMIC PROGRAM	CONCENTRATION (IF APPLICABLE)	CHAIRPERSON OR PROGRAM COORDINATOR SIGNATURE & DATE	DEAN OR GRADUATE PROGRAM COORDINATOR SIGNATURE & DATE	
MAJOR 1				STUDENTS WHO CHANGE COLLEGES MUST OBTAIN BOTH SETS OF SIGNATURES FOR EACH COLLEGE
MAJOR 2				
MINOR 1				
MINOR 2				
MINOR 3				
2ND DEGREE				
CREDENTIAL 1				
CREDENTIAL 2				
CERTIFICATE				

CHANGE UNIVERSITY BULLETIN YEAR REQUIREMENTS	ADVISOR APPROVAL AND DATE	DEAN APPROVAL AND DATE	
NEW BULLETIN			
OLD BULLETIN			