



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 (SIGNATURE) DATE

UNIT ADJUSTMENT - LATE COURSE: CRN DEPARTMENT COURSE NO. SECTION NO. CURRENT HOURS REVISED HOURS COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE STUDENT DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE

TIME CONFLICT I AM REGISTERED IN THIS COURSE: CRN DEPARTMENT COURSE NO. SECTION NO. SEMESTER HOURS INSTRUCTOR (SIGNATURE) DATE COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE I WISH TO ADD THIS COURSE REGISTRATION RESTRICTIONS APPLY: CRN DEPARTMENT COURSE NO. SECTION NO. SEMESTER HOURS INSTRUCTOR (SIGNATURE) DATE COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE

CREDIT / NO-CREDIT GRADING CRN DEPARTMENT COURSE NO. SECTION NO. SEMESTER HOURS STUDENT DEAN'S OR DIRECTOR'S OFFICE(SIGNATURE) DATE

EXTENSION OF INCOMPLETE CRN DEPARTMENT COURSE NO. SECTION NO. REVISED COMPLETION DATE (MM/DD/YY) TERM FALL SPRING SUMMER I SUMMER II YEAR INSTRUCTOR (SIGNATURE) DATE COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE

COURSE AUDIT AVAILABLE TWO WEEKS AFTER THE START OF SEMESTER CRN DEPARTMENT COURSE NO. SECTION NO. SEMESTER HOURS COURSE DEAN'S OR DIRECTOR'S OFFICE (SIGNATURE) DATE

APPROVE DENY UNIVERSITY REGISTRAR (SIGNATURE) DATE