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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 _____
 REVISED 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:* CRN _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____
INSTRUCTOR _____ DATE _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____
I WISH TO ADD THIS COURSE REGISTRATION RESTRICTIONS APPLY: CRN _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____
INSTRUCTOR _____ DATE _____ COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

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

EXTENSION OF INCOMPLETE CRN _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____
REVISD 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* CRN _____ DEPARTMENT _____ COURSE NO. _____ SECTION NO. _____ SEMESTER HOURS _____
COURSE DEAN'S OR DIRECTOR'S OFFICE _____ DATE _____

APPROVE DENY _____ UNIVERSITY REGISTRAR _____ DATE _____