



CHANGE OF PROGRAM PETITION

LMU ID#	NAME (LAST, FIRST)
CONTACT PHONE	<u>@lion.lmu.edu</u>
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			
MAJOR 2			
MINOR 1			
MINOR 2			
MINOR 3			
2ND DEGREE			
CREDENTIAL 1			
CREDENTIAL 2			
CERTIFICATE			

STUDENTS WHO CHANGE
 COLLEGES MUST OBTAIN
 BOTH SETS OF SIGNATURES
 FOR EACH COLLEGE

CHANGE UNIVERSITY BULLETIN YEAR REQUIREMENTS	ADVISOR APPROVAL AND DATE	DEAN APPROVAL AND DATE
NEW BULLETIN	3 0	
OLD BULLETIN		