

*Please allow 10 working days for adjustment processing -
 check the degree audit for confirmation.*

Field names with asterisks are required; fields with dash borders are optional.

***** LAST NAME** _____ ***** FIRST NAME** _____ M.I. _____ ***** ID#** _____
 _____ **@LIONMAIL.LMU.EDU ***** _____ ***** CLASSYEAR:** _____
 _____ PHONE _____ FR SO JR SR GR
*****COLLEGE:** _____ CURRENT PROGRAM: _____
 BCLA CBA CFA FRSCSE FTV SOE
***** MAJOR 1** _____ CONC 1 _____ MAJOR 2 _____ CONC 2 _____ MINOR _____ MINOR _____ MINOR _____

<u>COURSE SUBSTITUTION</u>		<u>FOR</u>	<u>LMU COURSE</u>		<u>OR</u>	<u>REQUIREMENT</u>	<u>APPLIES TO:</u>				
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT	MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT	MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT	MJ1	CN1	MJ2	CN2	MNR
SUBJECT	COURSE NUMBER	FOR	SUBJECT	COURSE NUMBER	OR	REQUIREMENT	MJ1	CN1	MJ2	CN2	MNR

COMMENTS _____

COURSE WAIVER				WAIVER / ADJUSTMENT OF UNIVERSITY / COLLEGE PROGRAM REQUIREMENT	
SUBJECT	COURSE NUMBER	COURSE NUMBER	COURSE NUMBER	REQUEST AND REASON	
SUBJECT	COURSE NUMBER	COURSE NUMBER	COURSE NUMBER		
SUBJECT	COURSE NUMBER	COURSE NUMBER	COURSE NUMBER		
REASON					

RECOMMEND: APPROVAL DENIAL _____ ADVISOR _____ DATE mm/dd/yy _____
 RECOMMEND: APPROVAL DENIAL _____ CHAIRPERSON _____ DATE mm/dd/yy _____
 RECOMMEND: APPROVAL DENIAL _____ ASSOCIATE DEAN _____ DATE mm/dd/yy _____