



# LATE ADD PETITION

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\_\_\_\_\_  
 LMU ID NUMBER                      NAME (LAST, FIRST)                      SIGNATURE OF STUDENT                      DATE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL                      PHONE                      *STUDENT ASSUMES FULL RESPONSIBILITY FOR FINANCIAL ADJUSTMENTS THAT MAY BE INCURRED TO THE STUDENT ACCOUNT BY THE APPROVAL OF THIS PETITION*

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

USE THE SECOND PAGE OF THIS FORM TO EXPLAIN WHY YOU ARE REQUESTING THIS EXCEPTION TO UNIVERSITY POLICY. THE FORM WILL NOT BE PROCESSED WITHOUT A DETAILED EXPLANATION. ATTACH ANY SUPPORTING DOCUMENTATION.

COURSE TO LATE ADD:                              

CRN                      DEPARTMENT                      COURSE NO.                      SECTION NO.                      SEMESTER HOURS

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE INSTRUCTOR (SIGNATURE)                      DATE

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE CHAIR (SIGNATURE)                      DATE

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE ASSOCIATE DEAN (SIGNATURE)                      DATE

COURSE TO LATE ADD:                              

CRN                      DEPARTMENT                      COURSE NO.                      SECTION NO.                      SEMESTER HOURS

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE INSTRUCTOR (SIGNATURE)                      DATE

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE CHAIR (SIGNATURE)                      DATE

RECOMMENDATION:                                                                      \_\_\_\_\_                      \_\_\_\_\_

                                    ACKNOWLEDGE                      APPROVAL                      DENIAL                      COURSE ASSOCIATE DEAN (SIGNATURE)                      DATE

DETAILED EXPLANATION OF WHY YOU ARE REQUESTING AN EXCEPTION TO UNIVERSITY POLICY: \_\_\_\_\_  
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UNIVERSITY REGISTRAR'S ACTION:     APPROVE     DENY    \_\_\_\_\_ UNIVERSITY REGISTRAR (SIGNATURE)    \_\_\_\_\_ DATE