

Loyola Marymount University  
**PETITION FOR CAPP ADJUSTMENTS**

*Please allow up to 10 working days for petition processing - Check the PROML for confirmation.*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 CAMPUS BOX

EMAIL \_\_\_\_\_

\_\_\_\_\_  
 ID#

\_\_\_\_\_  
 DAYTIME PHONE

\_\_\_\_\_  
 EVENING PHONE

CLASS YEAR:  BR  JR  SO  FR  G

COLLEGE:  BA  CF  ED  FT  LA  SE

Major: \_\_\_\_\_

MAJOR OR MINOR THIS  
 ADJUSTMENT APPLIES TO \_\_\_\_\_

**COURSE SUBSTITUTION / RULE ADJUSTMENT**

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER FOR \_\_\_\_\_  
 DEPARTMENT COURSE NUMBER OR \_\_\_\_\_  
 AREA RULE

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER FOR \_\_\_\_\_  
 DEPARTMENT COURSE NUMBER OR \_\_\_\_\_  
 AREA RULE

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER FOR \_\_\_\_\_  
 DEPARTMENT COURSE NUMBER OR \_\_\_\_\_  
 AREA RULE

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER FOR \_\_\_\_\_  
 DEPARTMENT COURSE NUMBER OR \_\_\_\_\_  
 AREA RULE

COMMENTS \_\_\_\_\_

**COURSE WAIVER**

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER

\_\_\_\_\_  
 DEPARTMENT COURSE NUMBER

COMMENTS \_\_\_\_\_

**WAIVER / ADJUSTMENT OF  
 UNIVERSITY OR COLLEGE PROGRAM REQUIREMENT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECOMMEND: APPROVAL  DENIAL

ADVISOR \_\_\_\_\_

DATE \_\_\_\_\_

RECOMMEND: APPROVAL  DENIAL

CHAIRPERSON \_\_\_\_\_

DATE \_\_\_\_\_

RECOMMEND: APPROVAL  DENIAL

DEAN \_\_\_\_\_

DATE \_\_\_\_\_