Loyola Marymount University

CHANGE OF PROGRAM PETITION

Name: _____ **Student Number:** ___ - __ - ____

LAST FIRST INT

Student Signature: _____ **Date:** __ - __ - __

ADDITION TO PROGRAM OF STUDY

		Major	Concentration IF APPLICABLE	Chairperson or Program Coordinator Signature	Date	Dean or Graduate Program Director Signature	Date	Assigned Advisor
Major	1st							
	2nd							
Minor	1st							
	2nd							
Credential								
2nd Credential								
2nd Degree								
Certificate	C							

DELETION FROM PROGRAM OF STUDY

		Major	Concentration IF APPLICABLE	Chairperson or Program Coordinator Signature	Date	Dean or Graduate Program Director Signature	Date
Major	1st						
	2nd						
Minor	1st						
	2nd						
Credential							
2nd Credential							
2nd Degree							
Certificate	C						