

SCHEDULE CHANGE FORM

- 1. Student Name:
- 2. Date: _____
- 3. LU Student ID:
- 4. Major Field of Study: _____

DROP COURSES

5. CRN Number	6. Course	8. Number	9. Section
	1		

ADD and LATE ADD COURSES

10. CRN Number	11. Course	12. Number	13. Section	14. Late Adds (Dept. Chair Signature)

- 15. Student Signature: _____
- 16. Advisor Signature: _____

17. *If applicable-Director International Office Signature : _____

18. Records Office Verification (Wimberly, Room 102):

Please check: International Student: _____ Domestic Student: _____

Instructions:

Step 1 – Student completes - Numbers 1, 2, 3, 4, and 15.

Step 2 - Academic Advisor completes - Numbers 5 - 13 and 16.

Step 3 - *If you are an International Student, you must also obtain the signature from the Director of the International Office - Number 17.

Step 4 – Submit to the Record's Office (Wimberly 102) for verification – Number 18.

*If you are an International Student, you must also obtain the signature from the Director of the International Office - Number 15.

With a few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.