



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

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