



## 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