

LAWSON STATE COMMUNITY COLLEGE DROP/ADD FORM

STUDENT NUMBER

SEMESTER YEAR _____
 Fall
 Spring
 Summer

NAME _____
LAST FIRST MIDDLE/MAIDEN

CAMPUS
 Bessemer
 Birmingham

*PAID (REGISTERED) _____ NOT PAID (PRE-REGISTERED) _____

Complete **DROP/WITHDRAWAL** Yes _____ No _____
 (* Paid Students **MUST** drop/add in the Registrar's Office. **COMPLETE/FULL WITHDRAWALS** from school must use "WITHDRAWAL FORM" in the **REGISTRAR'S OFFICE.**)

Degree/Certificate (AA, AAS, AOT, AS, CER) _____ Major/Program of Study: _____

ADD

Call Number (FIVE DIGITS)	Dept. (CIS, ENG)	Course Number (080- 299)	Section	Course Title	Instructor's Signature

DROP

Call Number (FIVE DIGITS)	Dept. (CIS, ENG)	Course Number (080- 299)	Section	Course Title	Instructor

Processed by _____
INITIALS

Date _____

Total Hours Before Change

Total Hours After Change

 STUDENT'S SIGNATURE DATE