

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