LINDSEY WILSON UNIVERSITY

Add/Drop Form

Schedule Changes

Students Name: _____ ID Number: _____

Term: _____ Date: _____

(Check all boxes that are applicable to each course)

CRN Number	Department	Number	Section	Credits	Repeat	Drop	Add	Instructor Signature

Please make sure you have ALL SIGNATURES before bringing to the Registrar's Office

Advisor Signature: _____ Student Signature: _____

Reason for Change: _____

Changing Hours from: _____to _____. Check one: □Veteran □Athlete □Resident

Academic Affairs: _____ Date: _____

Registrar's Office: _____ Date: _____

******Prior Approval and Signature from Academic Affairs is required for anything over 18 credit hours per semester. *****

Note: Dropping a course will result in a "W" on your transcript. Grades of W, F, and NC will count as credit hours attempted.

210 Lindsey Wilson Street
Columbia, Kentucky 42728
Office: 270-384-2126 Fax: 270-384-8200
www.lindsey.edu