



Add/Drop Form

LMC ID #: _____ Name: _____ Today's date: __/__/__

Phone: (____) - _____ May we text you? Yes No Semester: Fall Spring Summer Year: _____

5-digit CRN	Subject/Number (ex: BIOL 101)	Title (ex: Biology)	Instructor	Add	Drop	Instructor/Advisor Signature* and Date	Pre-req.	Overload

*Instructor permission required for pre-requisite override and course overload. **Permission is granted solely at the discretion of the instructor and is not guaranteed.**

Hold Overrides (advising/staff use only): check and initial all that apply; provide notes as appropriate.

Mandatory Advising _____ Academic Standing _____ BH Promise Zone _____ Athletic Hold _____ Housing Hold _____

Financial Aid Status _____ Underage Admission _____ Other (explain below) _____ Special Approval _____

Notes: _____

By signing below, I understand that I am fully responsible to ensure payment arrangements for tuition and fees for the classes above unless I initiate a drop within the published drop for refund dates for the semester. A withdrawal beyond the published drop for refund dates is not eligible for a refund of tuition and fees.

Student Signature: _____ **Date:** _____

Office Use Only	
Processed by: _____	Date: _____ <input type="checkbox"/> Residency/tuition rate verified