

ADD/DROP (Change in Registration)

NAME _____ STUDENT SPOUSE STAFF

LSTC STUDENT ID _____ DEGREE PROGRAM _____ SEMESTER & YEAR _____

	ACTS SCHOOL	COURSE NUMBER	TITLE		INSTRUCT. INIT.
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____
ADD <input type="checkbox"/> DROP <input type="checkbox"/>	_____	_____	_____	AUDIT <input type="checkbox"/> CREDIT <input type="checkbox"/>	_____

ADVISOR'S APPROVAL _____ DATE _____ REGISTRAR _____

BILLING ADJUSTMENT _____

CHANGE IN TOTAL NUMBER: FROM _____ TO _____ AMOUNT DUE _____ % REFUND _____