

DROP/ADD FORM
Liberty University®

LU Box _____
 ___ Undergrad ___ Grad ___ Seminary ___ LBI

Schedule Revision for
 ___ Spring ___ Summer ___ Fall of _____

(Please Print)
 NAME _____
 Last *First* *Middle Initial*

Student ID Number _____
 Major _____

ADDS

Dept	Code	Sect	Cr.	Instr. Init.

DROPS*

(*CLST, FRSM, or GNEB require dept. sig. to drop)

Dept	Code	Sect	Cr.

With the changes listed above, I now have _____ hours this semester.
 Dropping below full time status can affect Financial Aid
 Overload Approval _____

(to be signed by Chair or Dean of Student's Major)

NOTE: IF YOU ARE DROPPING ALL COURSES FOR WHICH YOU REGISTERED, PROCESS A WITHDRAWAL FORM INSTEAD.

Received Registrar's Office: _____ Date: _____
 Entered Computer: _____ Date: _____

Rev 07/19/05

White Copy-Registrar

Canary Copy-Student

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