LU Box___________________
Liberty University®

Schedule Revision for
___Spring ___Summer ___Fall of ______

(Please Print)

NAME___________________________________________ Student ID Number_____________________________

Last       First       Middle Initial

Major ________________________________

ADDS DROPS*

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

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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