# LANSING COMMUNITY COLLEGE

# REGISTRAR’S OFFICE - DROP/ADD FORM

Date: Click or tap here to enter date.

Semester: Choose a semester*.*

| Student Number | Last Name | First Name | Date of Birth | Phone Number |
| --- | --- | --- | --- | --- |
| X |  |  |  |  |

| Add or Drop? | Reason? | CRN(Ex: 91508) | Subject(Ex: ENGL) | Course(Ex: 121) | Credits(Ex: 3) | Audit? | NS\* (see below) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Choose an item | Choose an item. |  |  |  |  |[ ]   |
| Choose an item | Choose an item. |  |  |  |  |[ ]   |
| Choose an item | Choose an item. |  |  |  |  |[ ]   |
| Choose an item | Choose an item. |  |  |  |  |[ ]   |

\*For Drop Only: Indicate NS if never attended class.

By signing this form, I understand that the approval of this request is dependent on seat availability, satisfaction of pre-requisites, and College guidelines.

Student Signature: Click or tap here to enter signature.

Please submit this form to the appropriate division via one of the email addresses below:

* Arts & Sciences Division: ASD-LateAdd@star.lcc.edu
* Health & Human Services Division: lcc-hhs@lcc.edu
* Tech Careers Division: TC-DropAdd@star.lcc.edu

Academic Department/Division Use Only:

| Item | Response |
| --- | --- |
| Registration Attempted in SFASTCA? |  |
| Seats Available? |  |
| Meets Pre-reqs? |  |
| Received Approval from Instructor? |  |
| Received Approval from Dean? |  |
| Registration Denied? (Note in SPACMNT) |  |
| Registration Approved? |  |

Has the student been enrolled? [ ]  Yes [ ]  No

Division Contact Name: Click or tap here to enter text.

Date: Click or tap here to enter text.