DROP / ADD FORM

Indicate Term that Applies:

- ☐ Fall (1S)
- ☐ Spring (2S)
- ☐ Summer (3S)
- ☐ Wintersession (1T)
- ☐ Spring Intersession (2T)
- ☐ Summer Intersession (3T)
- ☐ First Fall Module (1L)
- ☐ First Spring Module (2D)
- ☐ First Summer Module (3D)
- ☐ Second Fall Module (1P)
- ☐ Second Spring Module (2L)
- ☐ Second Summer Module (1D)

LSUID_____ **Today's Date** _____ **Effective Date**_____

Last Name	**First**	**MI**	**College**	**Yr.**	**Curriculum**

	Department	Course Number	Section	Credit Hours	DROP	ADD FOR Grade	ADD FOR Audit	Department/Instructor PRINT NAME	Department SIGNATURE	Instructor SIGNATURE
1										
2										
3										
4										
5										
6										

CURRENT CREDIT HOURS CARRIED	
ADJUSTED CREDIT HOURS CARRIED	

Graduate Student's Justification: _____

UNDERGRADUATE STUDENT APPROVAL	GRADUATE STUDENT APPROVAL
1._____ Student's Signature	1. _____ Student's Signature Date
2._____ Dean's Signature	2. _____ Department Chair or Graduate Advisor's Signature Date
	3. _____ Graduate Dean's Signature Date