

**DROP/ADD FORM**

**LEHIGH UNIVERSITY  
Office of The Registrar**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEMESTER: \_\_\_\_\_ MAJOR \_\_\_\_\_ COLLEGE \_\_\_\_\_

NAME: \_\_\_\_\_ I.D. # \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: \_\_\_\_\_

CRN	Department	Course Number	Section	Credit Hours	Departmental/Instructor Approval
ADD					After 5 <sup>th</sup> Day Fall/Spring ADD only; and 10 <sup>th</sup> day DROP 5 <sup>th</sup> Day in Summer
DROP					After 10 <sup>th</sup> day DROP / 5 <sup>th</sup> Day in Summer

**Signatures:**

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar _____ Date _____
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This change will not be official until signed by the Registrar's Office. Carry to the Registrar's Office -- DO NOT MAIL