



CCP SCHEDULE CHANGE AUTHORIZATION FORM

Students are required to submit this form to the Lakeland CCP Office at CCPinfo@lakelandcc.edu in order for any changes to be made to their schedule. Students can check the Online Schedule Viewer at lakelandcc.edu/schedule for course availability, prerequisites, and course descriptions.

Student Name: _____ LID:

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High School: _____ Grad Year: _____ High School Counselor: _____

Email: _____ @ _____ Cell Phone Number: _____
(If you are a current/continuing student, use your Lakeland Student Email)

Term of Attendance: Summer Fall Spring Student Status: New Current/Continuing
(Select ONE)

(Select ONE)						
Lakeland Course <small>Dept. & Course No. (ex. ENGL 1110)</small>	High School Subject <small>(ex. Math, Social Studies, Elective)</small>	CRN	Day(s)	Time(s)	Session Date	Credit Hours

• Note: Instructor permission is required if a student wants to add a course to the schedule after the class has met.

DROPPING A COURSE						
Lakeland Course <small>Dept. & Course No. (ex. ENGL 1110)</small>	High School Subject <small>(ex. Math, Social Studies, Elective)</small>	CRN	Day(s)	Time(s)	Session Date	Credit Hours

By signing this, I acknowledge that:

- CCP students who withdraw from a class after the 100% refund period (2 weeks) will result in a “W” on their high school and Lakeland transcripts.
- CCP students who withdraw from a class after the 100% refund period (2 weeks) will be responsible for reimbursing the school district* for tuition, fees, books, and materials. *If the student is identified as being economically disadvantaged in accordance with Ohio Administrative Code 3333-1-65.6(B)(2), the school district may not seek reimbursement.
- Students who drop or withdraw from a class must return books directly to the bookstore to receive credit on their account. Lakeland will bill the school district for any book that is not returned. The school district can then seek reimbursement for the cost of the textbooks.

 Student Signature _____
 Date

 High School Counselor Signature _____
 Date