

Course Registration Add, Drop, Withdraw

			Lakeland ID Numb	er (LID) 0 0	
Last Name:			First Name:		
	of study changed?* yes to either of the o		•	or phone number chan udent Record Change	C
		Course	(s) to ADD		
CRN	Subject	Course Number	Day	Time	Credit Hours
	Co		DP/WITHDR	AW **	
CRN	Subject	Course Number	Day	Time	Credit Hours
**Students receiving making schedule cha		check with Lakeland's	Financial Aid Office of	or Lakeland's Student Se	rvice Center prior to
	se withdrawal will be			week through the end of a grade of "W." After the	
		nn the standard 16-wee regarding withdrawal		sult the Lakeland website	e or the session
Student's Signature:			Date:		
	COURSE OVE	ERRIDE (to be fil	led out by instructor	for adding a class on	<u>ly</u>)
Instructor's Name:	:		C	ourse:	
Reason for overri	ide (check all that a	apply): 🗖 Prerequ	uisite	Capacity	e has already started
Instructor's Signature:			Date:		
By Fax:	440.525.7651	-	form and return:*		
By Mail: By <u>Secure Upload</u> :	Lakeland Community College • 7700 Clocktower Drive • Kirtland, OH 44094-5198 • Under RelatedLINKS (right side of page), select Registrar Documents Secure Upload link				
In Person:	Lakeland's Student Service Center • located in Building A-1003				······

^{*}Please do not send documents through email as it is not a secure format.