

## SCHEDULE CHANGE FORM

391 W. Washington Street Painesville OH 44077 440.375.7010 Fax: 440.375.7014

PLEASE PRINT

Student Name	Student I.D.	Semester	Date
Address	City & State		Zip Code
( ) Day Phone	( ) Evening Phone		

**WITHDRAWAL:** List courses from which you are withdrawing on the lines provided below.  
 The instructor's signature is required after the first week of classes.

Course Number /Section	Title	Cr. Hrs.	Instructor's Signature
Course Number /Section	Title	Cr. Hrs.	Instructor's Signature
Course Number /Section	Title	Cr. Hrs.	Instructor's Signature
Course Number /Section	Title	Cr. Hrs.	Instructor's Signature
Course Number/Section	Title	Cr. Hrs.	Instructor's Signature

**Reason for withdrawal:** \_\_\_\_\_

**ADD:** List the courses you would like to add to your schedule.

Course Number/Section	Title	Cr. Hrs.	Day/Time
Course Number/Section	Title	Cr. Hrs.	Day/Time
Course Number/Section	Title	Cr. Hrs.	Day/Time
Course Number/Section	Title	Cr. Hrs.	Day/Time

**NOTE:** This form does not constitute formal withdrawal from the College. If you are withdrawing entirely from Lake Erie College, You **MUST** fill out a Withdrawal Form that is available in the Registrar's Office.

*Please be advised that withdrawing from any class could create a financial obligation to the College on your part. Your signature on this form indicates that you understand your potential financial obligation to the College.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_