



Dual Credit Drop/Add Form

Year: 20____ Term: Fall Spring Summer

Last Name _____ First _____ MI _____ LSCS ID# _____
(Please Print Legibly)

Current School: _____ Grade Level: _____

Drops: I understand I must present this form to a LSCS advisor in order to completely drop/withdraw from this course(s). If official day of record according to LSCS calendar, I understand my college transcript will indicate a "W" for withdraw course. Standard LSCS refund policies apply.

To Be Completed by High School Principal or Designee

DROPS

CLASS #	SUBJECT	CATALOG #	SECTION #	APPROVAL

ADDS

CLASS #	SUBJECT	CATALOG #	SECTION #	DUAL CREDIT
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Comments:

Student Signature: _____

Date: _____

High School Designee Signature: _____

Date: _____

Student Services Representative: _____

Date: _____