

**DROP/ADD FORM**

LEHIGH UNIVERSITY  
Office of the Registrar

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Major: \_\_\_\_\_ College of \_\_\_\_\_

Name: \_\_\_\_\_ LIN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CRN	Department	Course Number	Section	Hours	
ADD					After 5th Day Fall/Spring ADD only
DROP					After 10th day DROP(5th Day in Summer)

**Signatures:**

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

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

Registrar: _____
Date: _____

This change will no be official until signed by the Registrar's Office.

Carry to Registrar's Office -- DO NOT MAIL