

Add/Drop Class Form

Please type or print. Fee to drop class is \$10 and **must be paid at time of drop.**

This form must be turned into the Registrar's Office within five business days of the earliest date below.

HLG ID #: _____ Semester: _____

Name: _____
Last First Middle



Hannibal-LaGrange
UNIVERSITY

Office of the Registrar

2800 Palmyra Rd Hannibal, MO 63401

Phone: (573) 629-3046 Fax: (573) 221-4293

Email: registrar@hlg.edu

Please **DROP** the following courses:

Dept	Num	Sec	Course Name	Hrs	Instructor Signature	Pass/Fail	Date

Please **ADD** the following courses:

Dept	Num	Sec	Course Name	Hrs	Days/Time	Instructor Signature	Date

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Coach Signature: _____ Date: _____ (if playing any sport)

Office Use Only
Recorded by: _____
Date: _____

Before submitting this form to the Registrar's Office, please check if changes will affect your athletic eligibility, financial aid, and/or plans for graduation.