

# Schedule Change Form

This form may be returned in person or to address or email to the right.  
Please type or print.

HLGU ID #: \_\_\_\_\_ Semester: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle



*Hannibal-LaGrange University*  
Office of the Registrar  
2800 Palmyra Rd | Hannibal, MO 63401  
registrar@hlg.edu

Please **DROP** the following courses:

Dept	Num	Sec	Course Name	Hrs	Instructor Signature	Date

Please **ADD** the following courses:

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

Check Boxes That Apply

☐ Athlete

☐ VA Benefits

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

(if playing any sport)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Rec by: \_\_\_\_\_

Date: \_\_\_\_\_