

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

** Are you dropping the LAST class or ALL REMAINING classes of this semester?

☐ Yes ☐ No If "Yes" then please fill out the **University Withdraw** form instead of this form.

** Do you intend to complete the remaining courses you are registered for this semester?

☐ Yes ☐ No

Please **ADD/DROP** the following:

Circle	Course ID	Course Name	Hrs	Days/Time	Instructor Signature	Date
Add Drop						
Add Drop						
Add Drop						
Add Drop						
Add Drop						
Add Drop						

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: _____ Date: _____

Advisor Signature: _____ Date: _____

Coach Signature: _____ Date: _____

(if playing any sport)

Office Use Only

Rec by: _____

Date: _____