

CAMPUS WIDE ID			NAME (LAST, FIRST, MIDDLE) PRINT	EFFECTIVE DATE (MM/DD/YY)												
<p>SCHEDULE CHANGES Louisiana Tech University Office of the Registrar</p>			<p>ADD</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: 1px solid black; height: 25px;"></td> <td style="width: 10%; text-align: right;">GRADUATE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">CALL NO.</td> <td style="text-align: right;">AUDIT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">COURSE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">NUMBER</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">SECTION</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">CREDIT HOURS</td> </tr> </table>			GRADUATE	<input type="checkbox"/>		CALL NO.	AUDIT	<input type="checkbox"/>		COURSE	NUMBER	SECTION	CREDIT HOURS
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<p>The signatures listed are required for each of the following transactions:</p> <ul style="list-style-type: none"> ADD: Student and advisor. DROP: Student and advisor. SECTION CHANGE: Student. <p>Bring the completed form to the Registration Center.</p>			<p>DROP</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: 1px solid black; height: 25px;"></td> <td style="width: 10%; text-align: right;">WITHDRAW</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">CALL NO.</td> <td style="text-align: right;">NO GRADE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">COURSE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">NUMBER</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">SECTION</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">TOTAL HOURS AFTER CHANGE</td> </tr> </table>			WITHDRAW	<input type="checkbox"/>		CALL NO.	NO GRADE	<input type="checkbox"/>		COURSE	NUMBER	SECTION	TOTAL HOURS AFTER CHANGE
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STUDENT SIGNATURE	ADVISOR/DEPT. HEAD'S SIGNATURE	SPECIAL PERMISSION SIGNATURE	REGISTRAR													