LAKEVIEW COLLEGE OF NURSING

ADD/DROP/WITHDRAWAL FORM

FOR: ☐ **Fall** ☐ **Spring** ☐ **Summer** _____**Year** **Campus:** ☐ **Danville** ☐ **EIU**

STUDENT'S NAME: _____ **SS#:** _____ - _____ - _____

ADD the following classes

Entered	COURSE #	COURSE TITLE	SECTION	CREDIT HOURS
_____				
_____				
_____				
_____				
_____				

DROP the following classes

Entered	COURSE #	COURSE TITLE	SECTION	CREDIT HOURS
_____				
_____				
_____				
_____				
_____				

WITHDRAWAL the following classes

Entered	COURSE #	COURSE TITLE	SECTION	CREDIT HOURS
_____				
_____				
_____				
_____				
_____				

REFUND ☐ Full amount ☐ 50% of amount ☐ No Refund

ADVISOR SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

Routing Copies: White-Academic File, Yellow-Financial Aid, Pink-Student, Goldenrod-Cashier