

## Lenoir Community College REGISTRATION CHANGE NOTICE

ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last) (First)

Date: \_\_\_\_\_ Circle Semester: Summer Fall Spring

COURSE PREFIX & NO.	SECTION	TITLE	DAYS	TIME
		ADD		

COURSE PREFIX & NO.	SECTION	TITLE	INITIALED		LAST	GRADE					
			SEM HRS	BY INSTR	DATE OF ATTENDANCE	<i>Place x in square</i>					
									W	WP	WF
									W	WP	WF
		DROP							W	WP	WF
									W	WP	WF
									W	WP	WF
									W	WP	WF

Student's Signature: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

### Notice To Student

**Drop/Adds** should be hand carried to the registrar or director of evening programs.

**Withdrawals** should be hand carried to the dean of student services or director of evening programs.

\_\_\_\_\_  
Signature, dean of student services or director of evening programs

\_\_\_\_\_  
Date

Withdrawal survey form completed? \_\_\_ Yes \_\_\_ No Date notice received by registrar's office \_\_\_\_\_

**REFUNDS WILL BE PROCESSED ACCORDING TO THE REFUND POLICY IN THE COLLEGE CATALOG.**