LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs· Department of Enrollment Services

Add/Drop/Resignation Form

Name: _____
(Last)   (First)   (MI)

DOB ___/___/___   **Today' Date:** ___/___/___

Student ID Number: __ __ __ __ __ __ __ __ __

CIRCLE   Fall   Spring   Summer   Year_____

Phone Number: _____

☐ Resign from **ALL** Classes

Reason: _____
_____

COURSE LOAD
I was enrolled in _____ hours.
These changes give me _____ hours.

Function (Circle One)	Course Abbreviation	Course Number	CRN	Sem. Hrs.	Approval Signature Course Instructor: Late Add Only	Approval Signature: Dept. Head/ Dean/Campus Dir. (if applicable)	Approval to Add/Drop after published deadline: Students Dean/Campus Dir.
add drop							
add drop							
add drop							
add drop							
add drop							

Student's Instructions
- This form should **ONLY** be used if student is unable to add/drop using LoLA (banner).
- Use ball-point pen

I certify that I am requesting all changes above and that all signatures are authentic.

_____
Student's Signature (required)

***Student Needs Signatures from:

Retention:_____ Date:

Financial Aid:_____ Date:

Enrollment Services:_____ Date: