

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: _____

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

Resign from **ALL** Classes Reason: _____

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:** _____

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