LUZERNE COUNTY COMMUNITY COLLEGE
COURSE CHANGE FORM

It is the student’s responsibility to obtain information from the College Catalog relative to the policies appropriate to course changes. These policies include deadline dates for adding courses, withdrawal from the College and the refund policies of the College.

PROCEDURES
1. Secure your counselor’s approval for the desired change.
2. Submit this form to the Registrar’s Office for processing (Room 516, Building 5).
3. All added courses must be part of the student’s declared major in order to meet Financial Aid eligible.

This Course Change Form may be submitted in-person or through your LCCC student e-mail account.

Failure to follow regulations and procedures on the date specified will result in a loss of credit, a grade of “F” or a loss of refund. The date this form is received in the Registrar’s Office is the effective date to comply with procedures.

If you receive Veteran Benefits, please report to the Veteran Affairs Office, Building 5, Room 508. Your financial aid maybe affected.

Name: ____________________________________________________

Student I.D./Soc. Sec. Number: __________________________ Phone: ____________________

Curriculum: ____________________________________________________________________

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<tr>
<th>COURSE(S) DROPPED</th>
<th>COURSE(S) ADDED</th>
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<tbody>
<tr>
<td>COURSE NO. &amp; SECTION</td>
<td>COURSE TITLE</td>
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Credit hour load before change _______ Credit hour load after change _______

Term: ❑ Fall  ❑ Spring   ❑ Summer I (4, 6, 8 or 11 weeks)
       ❑ Summer II (4 or 6 weeks)   ❑ Winter Intersession   Year ________________

Student Initial _____ I am aware this change may affect my financial aid

       _____ I chose not to see my counselor

       _____ I am aware it is after the refund period

Student Signature: __________________________________________ Date: ____________________

Reason for Change: ❑ College   ❑ Student   Comment: ______________________________________

Counselor’s Approval: _______________________________________ Date: ____________________

Registrar’s Office: _________________________________________ Date: ____________________

White: Registrar’s Office • Yellow: Business Office • Pink: Student Copy (after processing completed) • Gold: Counseling