

Student ID _____

LINDENWOOD

Add/Drop/Withdrawal Form

209 S. Kingshighway • St. Charles, MO 63301

(636) 949-4954

academic_services@lindenwood.edu

Today's Date _____

Year _____	<input type="checkbox"/> Semester
<input type="checkbox"/> Fall	<input type="checkbox"/> Quarter
<input type="checkbox"/> Winter	<input type="checkbox"/> Trimester
<input type="checkbox"/> Spring	<input type="checkbox"/> Other
<input type="checkbox"/> Summer	
<input type="checkbox"/> J-term	

NOTE: Please fill out "Student Information Change" Form if information below has changed.

Last Name		First	MI	Maiden	Advisor Name	Degree Pursuing <input type="checkbox"/> BA <input type="checkbox"/> MFA <input type="checkbox"/> BFA <input type="checkbox"/> MS <input type="checkbox"/> BS <input type="checkbox"/> MSA <input type="checkbox"/> MA <input type="checkbox"/> Ed.S. <input type="checkbox"/> MAT <input type="checkbox"/> Other: <input type="checkbox"/> MBA _____
Mailing Address		City	State	Zip	Program of Study/Major	
Campus Box No.	Campus Phone	Home Phone	Work Phone	Cell Phone	Employer	
Email _____						

Total credits before this change _____

After this change _____

DROP					INSTRUCTOR'S USE ONLY		
Dept. <i>ABC</i>	Course No. <i>123</i>	Sect. <i>.12</i>	Title <i>Intro to ABC</i>	Credit <i>3</i>	Signature	Last Date of Attendance	Grade (Circle Choice) W / WF / WP / UW / AW / NA
							W / WF / WP / UW / AW / NA
							W / WF / WP / UW / AW / NA
							W / WF / WP / UW / AW / NA
							W / WF / WP / UW / AW / NA
							W / WF / WP / UW / AW / NA

ADD					INSTRUCTOR'S USE ONLY	
Dept. <i>ABC</i>	Course No. <i>123</i>	Sect. <i>.12</i>	Title <i>Intro to ABC</i>	Credit <i>3</i>	Signature	

Grade Type Explanation
W: Withdrawal prior to catalog deadline
WF: Withdraw Failing
WP: Withdraw Passing
UW: Unauthorized withdrawal
AW: Removal of all credits associated with the affected classes and places the student on administrative suspension. See catalog for more information.
NA: Never Attended

If you have disabilities you wish to have taken into consideration regarding classroom accommodation, please contact the Coordinator of Campus Accessibility Services at 949-4944.

Student Signature _____ Date _____ Advisor Signature & Date _____ (Print Name)

Please indicate your reasons for withdrawal from the University: _____

Please obtain the following signatures before submitting the form to the Registrar's Office.

Provost _____ Financial Aid _____

SPECIAL NOTE: Refunds for tuition, if any, are calculated on the date this form is completed and received in Academic Services. The official refund schedule is outlined in the current catalog. I am aware that I am no longer eligible to attend the class for the term stated and that all tuition and fees must be paid in full to be admitted to class of any subsequent terms.

Student Signature _____ Date _____

For Office Use Only

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