

DROP / ADD **FORM**

Office of the Registrar 1570 Baltimore Pike Lincoln University, PA 19352 484-365-8087:Phone 484-365-8116:Fax

ast Name	Fir	rst Name	Middle Initial	l .	Student ID#
DROP					
COURSE & SI e.g., ART-2		TERM e.g., Fall	COURSE TITLE		
<u> </u>		3,			
	•		be done UP TO AND INCLUDING the done UP TO AND INCLUDING the	Last Day to Withd	•
		TEDA	PERMISSIONS		
e.g., ART-2		TERM e.g., Fall 18	INSTRUCTOR CONSENT	COUR	SE CLOSED
			dding the course AFTER the class h		four (4) hours or n
By typing your na equivalent of you			x, you are agreeing that this on this form.	electronic signa	nture is the legal
Student Signature				Date	
Ţ		FOR USE	BY OFFICE OF THE REGISTRAR		

Date:_

Verified by:_