

## Schedule Change Form

391 W. Washington Street Painesville, Ohio 44077 registrar@lec.edu

440-375-7010 440-375-7014 Fax

Student ID #_ Student Name (Fire					
Student Name (Fir				Semester (SU, FA, SP)	Ye
	st and Last	Name)			
Email					
P/WITHD	RAWA	L: A course can be droppe	ed from a student's record up th	rough the first week o	f classe
The student mu	ust obtair		w from a course through the nin nstructor and their advisor in or ld/drop period.		
Course Code	Section	Title	Cr. Hrs.	Instructor's Signature	
Course Code	Section	Title	Cr. Hrs.	Instructor's Signature	
Course Code	Section	Title	Cr. Hrs.	Instructor's Signature	
Course Code	Section	Title	Cr. Hrs.	Instructor's Signature	
Course Code	Section	Title	Cr. Hrs.	Instructor's Signature	
Course Code	Section	Title	Cr. Hrs.	<b>Days</b> Time	
Course Code	Section	Title	Cr. Hrs.	Days Time	
Course Code	Section	Title	Cr. Hrs.	Days Time	
Course Code	Section	Title	Cr. Hrs.	Days Time	
Course Code	Section	Title			