



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/advisor's signature for the desired change, or initial the line below
"I chose not to see my counselor/advisor."
2. This Course Change form may be submitted in-person to the Registrar's Office (Building #5, Room 516), or through your LCCC student e-mail account to ro@luzerne.edu.
3. All added courses must be part of the student's declared major in order to meet Financial Aid eligibility.

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.
If you receive Veteran's Benefits, please contact the Veteran's Affairs Office, Building 5, Room 508. Your financial aid may be affected.

Name: _____

Student I.D.: _____ Phone: _____

Program: _____

COURSE(S) DROPPED			COURSE(S) ADDED		
COURSE NO. & SECTION	COURSE TITLE	CREDITS	COURSE NO. & SECTION	COURSE TITLE	CREDITS

Total credits before change _____ Total credits 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/advisor.

_____ I am aware it is after the refund period.

Student Signature: _____ Date: _____

Reason for Change: Student Request College Change

Counselor/Advisor Approval: _____ Date: _____

Registrar's Office: _____ Date: _____