



Registration & Academic Services

Alumni Memorial Bldg, 27 Memorial Drive West
 Bethlehem, PA 18015-3090
 Phone: 610.758.3200 Web: ras.lehigh.edu
 Fax: 610.758.3198 Email: ras@lehigh.edu

ADD/DROP FORM

LIN: _____ Name: _____ Lehigh Email: _____

Term: _____ Major: _____ College: _____

CRN	Department	Course No.	Section	Credit Hours	Departmental/Instructor Approval	
ADD					Only required after 5 th day of classes	Date
DROP					After 10 th day DROP / 5 th Day in Summer	Date

Signatures:

Advisor: _____ Date: _____

Student: _____ Date: _____

This change will not be official until signed by Registration & Academic Services. Campus-based students should bring this form with their Lehigh ID to Registration & Academic Services. Students in distance education programs may submit a scan of this form with signatures via email at RAS@lehigh.edu.

For RAS Completion:

Processed: _____ Date: _____