UNIVERSITY OF LA VERNE

# PRESS HARD – PLEASE PRINT

# PROGRAM CHANGE FORM

☐ WITHDRAWAL
☐ ADD
☐ DROP

GRADUATE ☐
UNDERGRADUATE ☐

_____ 20_____
**SEMESTER/TERM**

| ID # | | | | | | | |
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**ULV ABIDES BY THE FAMILY RIGHTS & PRIVACY ACT**

| LAST NAME | FIRST | MIDDLE | MAIDEN |
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| CRN NO. | SUBJECT | COURSE NO. | SEC NO. | GRADE OPTION | | | TITLE | SEM HRS. | INSTRUCTOR'S APPROVAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | | CRD NCR | A-B-C-D | AUDIT | | | |
| **ADD COURSES BELOW** | | | | | | | | | |
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| **DROP COURSES BELOW** | | | | | | | | | |
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| ACCOUNTING OFFICE | | REGISTRAR'S OFFICE | |
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| INITIALS | DATE | INITIALS | DATE |

**NOTE: DROPS AND WITHDRAWALS FROM CLASSES CAN BE SUBMITTED BY MAIL, PHONE, FAX, EMAIL OR IN PERSON TO THE OFFICE OF THE REGISTRAR BEFORE DEADLINE.**

STUDENT'S SIGNATURE DATE

74720.02/05