

Use blue or black ink and **PRINT** clearly.

Circle Semester: **Fall Spring Summer Year** _____

Student Name (Last, First, Initial)

Student ID # (LoLA)

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Phone Number (_____) _____ - _____ Continuing New (or Returning)

Student Email: _____

	CRN (e.g., 11315)					Course Name/Number (e.g., Algebraic Foundations/Math 0083)						CRN (e.g., 11315)					Course Name/Number (e.g., Algebraic Foundations/Math 0083)				
	<input type="checkbox"/> Add <input type="checkbox"/> Drop																				

Change of Major Request (New Students ONLY)

Listed Major: _____ Change Major to: _____

____ Campus ____ TD ____ Associate ____ Campus Code ____ TD ____ Associate

STUDENT ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION

By signing below, I hereby acknowledge that I understand that South Louisiana Community College students become obligated to pay all tuition, fee, and associated charges at the time of their registration.

South Louisiana Community College expects students to meet their financial obligations in a timely manner and to understand that failure to do so will result in further action to collect the balance due. This may include the transfer of the balance due to the State of Louisiana Office of the Attorney General for collection. An individual with a transferred account is responsible for all collection charges including, but not limited to, attorney and court costs.

You further acknowledge that it is a student's responsibility to understand all College policies and procedures related to managing their registration and student account. These include the College's Add/Drop, Withdrawal, and Refund Policies.

Student Signature _____
Date

Increase Credit Load to: _____
_____ _____
Dean Signature Student's GPA

FOR OFFICE USE ONLY

SSL Waiver: Recorded in SAAADMS Change of Major (New Students ONLY) Part-of-Term Error _____

Advisor Signature _____
Date

Registrar's Office _____
Date