Today's Date: ______________________

**Student Information:**
Name: ______________________________ 
Student ID: ________________________
Current Major: ____________________________ 
Semester: ____________________________

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**FILL OUT SECTION WHICH BEST FITS YOUR NEEDS**

**Drop/Withdrawal Information:**

Are you dropping? Which course? If more than one, list all.
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________

Withdrawal Information:

Are you withdrawing from Lamar University? Yes____ No_____ 
Date of withdraw: ____________________________

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All changes are subject to verification and approval. Submit form to your advisor or luapugrecords@lamar.edu (if you are an undergraduate student) or luaugrecords@lamar.edu (if you are a graduate student). Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at http://degree.lamar.edu.