

Law Enrollment Center
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 Dartmouth, MA 02747-1252

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Add Drop Form

Student Last Name	Student First Name	Student ID
Program Plan: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Phone	Email Address

Course Name	Course #	Add	Drop

Student Signature: _____ Date: ____/____/____

<i>LEC Office Use Only:</i>	
Date Changed Record ____/____/____	Initials _____