

# LU OKC

## LANGSTON UNIVERSITY OKLAHOMA CITY CAMPUS ENROLLMENT/ADD/DROP

4205 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Office Use Only  
Processed by

/ /

Effective Date

e-mail address \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Work/Cell Phone

\*NOTE: STUDENT MUST COMPLETE COURSE INFORMATION AND ACQUIRE THEIR ADVISOR'S SIGNATURE PRIOR TO PROCESSING THE FORM.

### ENROLLMENT/ADD

Course ID	Section No.	Credit Hour (s)	Course Title	Day(s)	Time

I approve the release of Directory Information for publication:

Yes \_\_\_ No \_\_\_

### DROP/WITHDRAWAL

Course ID	Section No.	Credit Hour (s)	Course Title	Day(s)	Time

Non-Attendance and/or Non-Payment Does Not Constitute Withdrawal from Classes.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor's Signature

My signature (above) authorizes Langston University to pay educational expenses, non-compulsory fees, and/or charges from prior semesters from Title IV Award. (if applicable)

\_\_\_\_\_ I acknowledge receipt of the Langston University Drug-Free School Policy Statement, have read, and will comply with the terms and conditions therein.

OFFICIAL USE ONLY