

— Registration/Schedule Change —

FVCC Credit Classes

ID # _____

Name: _____
Last Name First Middle Initial Former Name

Address: _____
Mailing Address

Home: ()
 Work: ()
 City State Zip Cell: ()

E-Mail: _____

Social Security # _____ - _____ - _____ Change of Address

Date of Birth ____/____/____

New Registration Schedule Change Complete Withdrawal

Check One			Course	Course Name	Credits	Dates	M	T	W	Th	F	S	Time	Add'l Fee	Instructor's Signature/date	Office Use Refund %
New	Add	Drop	(Dept. — Course # — Section #)			(Short Courses)									(if required)	

For Office Use Only:

Received _____ Processed _____

Payment Amount \$ _____ Check # _____ Cash _____

VISA/MC/Am.Ex. # _____ 3 Digit Code _____

Exp. Date: _____

Card Holder's Signature _____

\$40 Late Registration Fee

Flathead Valley Community College 777 Grandview Drive
 Kalispell, MT 59901
 406-756-3822 • www.fvcc.edu

Lincoln County Campus
 225 Commerce Way • Libby, MT 59923 • 406-293-2721

Degree/Certificate _____ Fall 20 ____
(Area of Study)

Non-Degree Spring 20 ____

Running Start Summer 20 ____

Advisor's Signature: _____ Date: _____
(Required for Certificate/Degree/Running Start students)

PLEASE NOTE: Student's signature is required before registration will be processed.
By signing below, I acknowledge that I have read, understand and agree to the college Refund Policy. The refund schedule is date specific. It is available in the catalog, student portal and web site (www.fvcc.edu). **I am responsible for all charges on my account.**

Student's Signature: _____ Date: _____

In case of emergency contact: _____ _____
(Name) (Phone)

Address: _____ _____ _____ _____
(Street) (City) (State) (Zip)

For Schedule Change: Credits Before _____ Credits After _____

Financial Aid Dept.: _____ Date: _____
(Required if receiving Financial Aid/Veterans' Benefits)

Business Office clearance: _____ Date: _____
(Required for all scheduled changes)

Library clearance: _____ Date: _____
(Required for complete withdrawal)

If withdrawing from all classes please indicate reason (check those that apply):

Family Medical Work Interferes
 Inadequate finances Transportation Other (Explain) _____
 Moving Unprepared for College

Please Note: Instructor's signature is required for time conflicts, filled classes, prerequisite overrides, and add/drop(s) after the first week. Academic Counselor's signature is required if student is on academic probation/remediation. The Registrar or the Associate Registrar's signature is required if student is registering for over 18 credits per semester.