

Student's Name: \_\_\_\_\_  
Last First Middle Initial

SS #/Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ph: \_\_\_\_\_

**NEW/ADD COURSE**       Fall 20\_\_\_\_       Spring 20\_\_\_\_       Summer 20\_\_\_\_

Course (Dept - Number - Section)	Course Name	Credits	Dates (short course)	Instructor's Signature	Reason

**Reason Codes:**      1-Prerequisite Override      2-Add after the first week      3-Time Conflicts      4-Other  
 \*Instructor's signature is required for time conflicts, filled classes, prerequisite overrides, and add/drop(s) after the first week. Admissions and Registration office signature is required if student is registering for over 18 credits per semester.

**DROP COURSE**       Complete Withdrawal

Course (Dept - Number - Section)	Course Name	Credits	Dates (short course)	Last Date of Attendance	Reason

**Reason Codes:**      FM-Family      FIN-Financial      MD-Medical      MV-Moving      O-Other      T-Transportation      U-Unprepared for College      WI-Work Interferences

By signing below, I acknowledge that I have read, understand and agree to the Refund Policy. The refund schedule is date specific. It is available in the catalog, student portal and www.fvcc.edu. I am responsible for all charges on my account and will pay for any changes on the Student Portal or at the Business office. **Registration changes will not be processed without student's signature.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Signatures

**Financial Aid signature is required after the 15th day of classes for all complete withdrawals.**

 Financial Aid Department: \_\_\_\_\_  
(Required if receiving Financial Aid/Veterans' Benefits)      Date: \_\_\_\_\_

 Business Office: \_\_\_\_\_  
(Required for all dropped courses and complete withdrawal)      Date: \_\_\_\_\_

 Called Library for complete withdrawal

**FOR SCHEDULE CHANGES:**  
 Credits Before: \_\_\_\_\_  
 Credits After: \_\_\_\_\_  
 Processed Date: \_\_\_\_\_  
 Processed By: \_\_\_\_\_