

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 **COVID19 Related**

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 CO-COVID19 Related

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: _____