

## ADD/DROP FORM

Student's Name:			First		Middle Initial	
S #/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	
eason Codes: 1-Prerequisite Override	2-Add after the first v	veek	<b>3</b> -Time Conflicts	4-Other		
nstructor's signature is required for time conflicts, f					if student is	
egistering for over 18 credits per semester.						
PROP COURSE				Complete Withdraw	al	
Course (Dept - Number - Section)	Course Name	Credits	Dates (short course)	Last Date of Attendance	Reason	
leason Codes: FM-Family FIN-Financial	MD-Medical MV-Moving	<b>O</b> -Other	T-Transportation <b>U</b> -Unpre	epared for College <b>WI</b> -Work Inte	rferences	
By signing below, I acknowlege th	at I have read, understan	d and agre	e to the Refund Policy.	The refund schedule is da	ite specific	
t is available in the catalog, studer	nt portal and www.fvcc.e	du. I am re	sponsible for all charge	s on my account and will	pay for an	
hanges on the Student Portal or a	at the Business office. <b>Re</b>	gistration o	changes will not be pro	cessed without student's	signature	
			_			
Student's Signature:			Dat	e:		
Please return form to the A	dmissions & Registr	ation Offic	re in SC129 or ema	il to registrationinfo@	fycc edu	
ricase retain form to the 70	arrissions a registr	ation onic	00 III 00 120 01 011ld	iii to registrationiino@	rvoo.caa	
Additional Signatures						
Additional Signatures						
inancial Aid signature is required	after the 15th day of cl	asses for al	l complete withdrawa	s		
Financial Aid				FOR SCHEDULE		
Department:				Credits Before: _		
- In a service			Date	Credits After:		
)						
Business Office:				Processed Date.		
Business Office:			Date	Processed Date: Processed By:		