

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

[illegible]

☐ DROP COURSE ☐ Complete Withdrawal

[illegible]

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](http://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: \_\_\_\_\_

Please return form to the Admissions & Registration Office in SC129 or email to [registrationinfo@fvcc.edu](mailto:registrationinfo@fvcc.edu).

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

- Called Library for complete withdrawal

: Processed By: