



Southwest Virginia Community College

REGISTRATION – ADD/DROP FORM

PO Box SVCC, Richlands, VA 24641 Telephone: (276) 964-2555, FAX: (276) 964-7716

Web Site: www.sw.edu

SEMESTER: YEAR: 20____ Fall Spring Summer

Last Name: _____ First Name: _____

EmplID or SSN: _____

Curriculum Plan/Major: _____

If you are a financial aid recipient dropping classes, please check with the
Financial Aid Office to determine the effect on your financial aid award.

COURSES TO DROP							
X If Audit:	CLASS NUMBER	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CREDIT	GRADE/ DELETE	APPROVAL
COURSES TO ADD							
X If Audit:	CLASS NUMBER	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CREDIT	DAYS/ TIME	APPROVAL

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Admissions Staff – Processed by: _____ Date: _____