



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 |
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| COURSES TO ADD | | | | | | | |
| X If Audit: | CLASS NUMBER | COURSE PREFIX | COURSE NUMBER | SECTION NUMBER | CREDIT | DAYS/TIME | APPROVAL |
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Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Admissions Staff – Processed by: _____ Date: _____