



Southwest Virginia Community College

Admissions Office
PO Box SVCC, Richlands, VA 24641
Telephone: 276.964.7238 Fax: 276.963.3450

REGISTRATION – ADD/DROP FORM

Semester: Fall Spring Summer, 20 ____ Plan/Major: _____

Name: _____

Emplid or SSN: _____ Phone No: _____

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

COURSES TO DROP:

COURSES TO ADD:

CLASS NUMBER	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CR	GRADE	AUDIT (X)	CLASS NUMBER	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CR

_____ Student Signature _____ Date

_____ Advisor/Counselor/Instructor Signature _____ Date

Request for Enrollment Exception(s):

Approval Signature(s) and Date:

Unit Load (19 to 22 Credits)	Division Dean: _____ Date: _____
Unit Load (23+ Credits)	VP Instruction: _____ Date: _____
Permission to Audit Course	Instructor: _____ Date: _____
Course Repeat (3 rd or more attempt)	Division Dean or VP Instruction: _____ Date: _____
Requisites Override	Division Dean: _____ Date: _____
Time Conflict	Division Dean: _____ Date: _____