



Victor Valley College
Admissions and Records Office
ADD/DROP FORM

20_____			
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

Student Name _____ **ID#** _____

Last **First** **MI**

Address _____ **Phone No.** _____ **DOB** _____

City _____ **State** _____ **Zip Code** _____

IT IS THE STUDENT'S RESPONSIBILITY TO OFFICIALLY ADD and/or DROP FROM a COURSE(S). A drop does not require an instructor's signature.

Submit this form IMMEDIATELY to the Admissions and Records Office for processing.

							<i>INSTRUCTOR USE ONLY</i>		
	SECTION #	COURSE TITLE	UNITS	DAYS	TIMES	4-DIGIT AUTH. CODE	INSTRUCTOR'S SIGNATURE	DATE	FIRST DAY OF ATTENDANCE
A D D									

	SECTION #	COURSE TITLE	UNITS
D R O P			

All registration functions available on:

Website – <http://webadvisor.vvc.edu/>

For Office Use Only
Received by: _____
Date: _____

_____ **Student Signature**

_____ **Date**