



**H. LAVITY STOUTT COMMUNITY COLLEGE
ADD / DROP FORM**

Office of the Registrar

P. O. Box 3097, Road Town, Tortola, British Virgin Islands, VG1110

PARAQUITA BAY CAMPUS Tel: 1 (284)-852-7226; **VIRGIN GORDA CENTRE** Tel: 1-(284)-495-5251

INSTRUCTIONS:

1. Complete all information *except* for the shaded areas.
2. Obtain *advisor's* signed approval for added classes and *instructor's* signed approval for dropped classes.
3. Return form to the Registrar's Office to process changes to schedule and obtain signature.
4. Take form to Accounts Office if additional payment or a refund is due and to obtain signature.
5. Please refer to the refund policy.

REFUND POLICY (FALL & SPRING)

- 1st Week - 90% refund
- 2nd Week - 75% refund
- 3rd Week - 50% refund
- 4th Week - 25% refund
- After 4th Week - NO REFUND

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT THIS FORM IS PRESENTED TO THE RELEVANT OFFICES FOR PROCESSING BEFORE THE APPLICABLE DEADLINES.

Year _____ Semester: Fall (1) Spring (2) Summer (3)

Overload Approval: _____

Student ID Number _____ Last Name _____ First Name _____ Middle Initial _____

COURSE(S) TO ADD

COURSE			Course Title	SH	Tuition	Course Schedule	Advisor's Initials
Code	Number	Section					
Totals							

COURSE(S) TO DROP

COURSE			Course Title	TUITION			Instructor's Signature
Code	Number	Section		Refund?	%	Amount	
				Y N			
				Y N			
				Y N			
Total Tuition Refund							

- | | |
|--|--|
| <input type="checkbox"/> A. Conflict – employment
<input type="checkbox"/> B. Child care issues
<input type="checkbox"/> C. Could not handle the excessive course load
<input type="checkbox"/> D. Medical reasons
<input type="checkbox"/> E. Financial reasons
<input type="checkbox"/> F. Death in family
<input type="checkbox"/> G. Changing my major
<input type="checkbox"/> H. Dropping to add another course
<input type="checkbox"/> I. My original course selections were not required for my programme | <input type="checkbox"/> J. I did not complete the prerequisites
<input type="checkbox"/> K. The course is too difficult
<input type="checkbox"/> L. I am not doing well in class
<input type="checkbox"/> M. I missed too many classes
<input type="checkbox"/> N. I am having difficulty with my lecturer
<input type="checkbox"/> O. It is difficult to understand my lecturer
<input type="checkbox"/> P. Other (please specify) _____
<input type="checkbox"/> Q. Personal Other |
|--|--|

Student Signature:	Date:
Registry Officer Signature:	Date:
Accounts Officer Signature:	Date:

White: Registrar's Office

Pink: Student