



# H. LAVITY STOUTT COMMUNITY COLLEGE

## ADVISING & REGISTRATION FORM

Office of the Registrar  
 P. O. Box 3097, Road Town, Tortola, British Virgin Islands  
 Tel: 1 (284) 494-4994 Fax: 1 (284) 852 7249

**PLEASE PRINT**

Year \_\_\_\_\_

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

Ms. \_\_\_\_\_  
 Mr. \_\_\_\_\_

(Last Name)

(First Name)

(MI)

(Student ID)

**PROGRAMME:**

Associate Degree

Certificate of Achievement

Enrichment Courses

**MAJOR:** \_\_\_\_\_

Overload Approval: \_\_\_\_\_

### COURSES REQUESTED

↓ Enter AU in semester hours column if auditing course.

Course			Course Title	SH	Tuition	Class Days						Class Time		Advisor's Initial
Code	Num	Sect				M	T	W	T	F	S	Start	End	

### ALTERNATE COURSES (If above not available)

↓ Enter AU in semester hours column if auditing course.

Course			Course Title	SH	Tuition	Class Days						Class Time		Advisor's Initial
Code	Num	Sect				M	T	W	T	F	S	Start	End	

### REPEATED/WAITLISTED COURSES

Course			Course Title	REPEATED (R)	WAITLISTED (W)
Code	Num	Sect			

**Student:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Registry Officer:** \_\_\_\_\_

**Date Registered:** \_\_\_\_\_

**For students to register, all bills must be paid. Students must also meet with their advisors prior to registration.**