



**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)-542-8302; VIRGIN GORDA CENTRE Tel:1-(284)-542-4512

**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)**

- 1<sup>st</sup> Week - 90% refund
- 2<sup>nd</sup> Week - 75% refund
- 3<sup>rd</sup> Week - 50% refund
- 4<sup>th</sup> Week - 25% refund
- After 4<sup>th</sup> 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 \_\_\_\_\_ Contact Number \_\_\_\_\_

**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			
				Y N			
				Y N			
				Y N			
Total Tuition Refund							

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

<b>Student Signature:</b> _____	<b>Date:</b> _____
<b>Registry Officer Signature:</b> _____	<b>Date:</b> _____
<b>Accounts Officer Signature:</b> _____	<b>Date:</b> _____