



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	

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	

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.