



# H.L. STOUTT COMMUNITY COLLEGE

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

## STUDENT INSTRUCTIONS FOR LATE DROP FORM:

1. Complete all information except for the shaded areas.
2. Obtain Instructor's signed approval for dropped classes.
3. Return form to the Registrar's Office to process changes to schedule and obtain signature.
4. Please refer to the refund policy in the College Catalogue.

**NOTE:** It is the student's responsibility to ensure that this form is presented to the relevant offices for processing BEFORE the applicable deadline.

Year \_\_\_\_\_ Semester:  Fall (1)  Spring (2)  Summer (3)

Student ID Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## COURSE(S) TO DROP **Appropriate grade and Instructor's Signature MUST be obtained**

COURSE			Course Title	GRADE		Instructor's Signature
Code	Number	Section		WP	WF	
				WP	WF	
				WP	WF	
				WP	WF	
				WP	WF	
				WP	WF	
				WP	WF	

## Reasons for change

<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. My original course selections were not required for my programme <input type="checkbox"/> I. I am not doing well in class <input type="checkbox"/> J. I missed too many classes <input type="checkbox"/> K. I am having difficulty with my lecturer <input type="checkbox"/> L. It is difficult to understand my lecturer <input type="checkbox"/> M. Other (please specify) _____ <input type="checkbox"/> O. Personal Other _____
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<b>Student's Signature:</b>	<b>Date:</b>
<b>Registrar's Signature:</b>	<b>Date:</b>