



**Victor Valley College
Admissions and Records Office
ADD/DROP FORM**

20_____			
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

Student Name _____ ID# _____

Last First MI

Address _____ Phone No. _____

City _____ State _____ Zip Code _____

IT IS THE STUDENT'S RESPONSIBILITY TO OFFICIALLY ADD and/or DROP FROM a COURSE(S). A drop does not require an instructor's signature.

Submit this form **IMMEDIATELY** to the Admissions and Records Office for processing.

							<i>INSTRUCTOR USE ONLY</i>			
A D D	SECTION #	COURSE TITLE	UNITS	DAYS	TIMES	4-DIGIT AUTH. CODE	INSTRUCTOR'S SIGNATURE	DATE	FIRST DAY OF ATTENDANCE	

D R O P	SECTION #	COURSE TITLE	UNITS	

All registration functions available on:

Website – <http://webadvisor.vvc.edu/>

For Office Use Only
Received by: _____
Date: _____

_____ Student Signature

_____ Date