



**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 \_\_\_\_\_ Student 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.**

	SECTION #	COURSE TITLE	UNITS	DAYS	TIMES	<b>INSTRUCTOR USE ONLY</b>		
						INSTRUCTOR'S SIGNATURE	DATE	FIRST DAY OF ATTENDANCE
A D D								

	SECTION #	COURSE TITLE	UNITS
D R O P			

All registration functions available on:

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

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Received by** \_\_\_\_\_  
**Date** \_\_\_\_\_