Victor Valley College
Admissions and Records Office
ADD/DROP FORM

20_____
☐ Winter ☐ Spring
☐ Summer ☐ Fall

Student Name_____ **SSN or 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	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/

Received by _____
Date _____

_____ _____
Student Signature **Date**

Revised 03/2009