



**H. LAVITY STOUTT COMMUNITY COLLEGE
ADD / DROP FORM**

Office of the Registrar

P. O. Box 3097, Road Town, Tortola, British Virgin Islands, VG1110

PARAQUITA BAY CAMPUS Tel: 1 (284)-852-7226; VIRGIN GORDA CENTRE Tel:1-(284)-495-5251

INSTRUCTIONS:

1. Complete all information **except** for the shaded areas.
2. Obtain *advisor's* signed approval for added classes and *instructor's* signed approval for dropped classes.
3. Return form to the Registrar's Office to process changes to schedule and obtain signature.
4. Take form to Accounts Office if additional payment or a refund is due and to obtain signature.
5. Please refer to the refund policy.

REFUND POLICY (FALL & SPRING)

- 1st Week - 90% refund
- 2nd Week - 75% refund
- 3rd Week - 50% refund
- 4th Week - 25% refund
- After 4th Week - NO REFUND

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT THIS FORM IS PRESENTED TO THE RELEVANT OFFICES FOR PROCESSING BEFORE THE APPLICABLE DEADLINES.

Year _____ Semester: Fall (1) Spring (2) Summer (3)

Overload Approval: _____

Student ID Number _____ Last Name _____ First Name _____ Middle Initial _____

COURSE(S) TO ADD

| COURSE | | | Course Title | SH | Tuition | Course Schedule | Advisor's Initials |
|--------|--------|---------|--------------|----|---------|-----------------|--------------------|
| Code | Number | Section | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals | | | | | | | |

COURSE(S) TO DROP

| COURSE | | | Course Title | TUITION | | | Instructor's Signature |
|----------------------|--------|---------|--------------|---------|---|--------|------------------------|
| Code | Number | Section | | Refund? | % | Amount | |
| | | | | Y N | | | |
| | | | | Y N | | | |
| | | | | Y N | | | |
| Total Tuition Refund | | | | | | | |

| | |
|--|---|
| <input type="checkbox"/> A. Conflict – employment | <input type="checkbox"/> J. I did not complete the prerequisites |
| <input type="checkbox"/> B. Child care issues | <input type="checkbox"/> K. The course is too difficult |
| <input type="checkbox"/> C. Could not handle the excessive course load | <input type="checkbox"/> L. I am not doing well in class |
| <input type="checkbox"/> D. Medical reasons | <input type="checkbox"/> M. I missed too many classes |
| <input type="checkbox"/> E. Financial reasons | <input type="checkbox"/> N. I am having difficulty with my lecturer |
| <input type="checkbox"/> F. Death in family | <input type="checkbox"/> O. It is difficult to understand my lecturer |
| <input type="checkbox"/> G. Changing my major | <input type="checkbox"/> P. Other (please specify) _____ |
| <input type="checkbox"/> H. Dropping to add another course | _____ |
| <input type="checkbox"/> I. My original course selections were not required for my programme | <input type="checkbox"/> Q. Personal Other |

| | |
|------------------------------------|--------------|
| Student Signature: | Date: |
| Registry Officer Signature: | Date: |
| Accounts Officer Signature: | Date: |

White: Registrar's Office

Pink: Student