

NAME _____ STUDENT ID _____

DATE _____

REGISTRATION REQUESTS:

TERM YR: 20 ____	fall 1	fall 2	spring 1	spring 2	summer 1	summer 2
ADD DROP	COURSE #		COURSE TITLE			

TERM YR: 20 ____	fall 1	fall 2	spring 1	spring 2	summer 1	summer 2
ADD DROP	COURSE #		COURSE TITLE			

TERM YR: 20 ____	fall 1	fall 2	spring 1	spring 2	summer 1	summer 2
ADD DROP	COURSE #		COURSE TITLE			

TERM YR: 20 ____	fall 1	fall 2	spring 1	spring 2	summer 1	summer 2
ADD DROP	COURSE #		COURSE TITLE			

TERM YR: 20 ____	fall 1	fall 2	spring 1	spring 2	summer 1	summer 2
ADD DROP	COURSE #		COURSE TITLE			

STUDENT SIGNATURE _____

If you are dropping a course, please indicate the term/date in which you intend to return to your studies at LVC. If you are pre-registered, and intend to remain enrolled in an upcoming term, list the course information below. Failure to indicate your intent to remain enrolled may result in an administrative drop from the future course(s). Enter N/A if not applicable.

ANTICIPATED DATE/TERM OF RETURN _____

If pre-registered for an upcoming term, please list the term, course number and title:

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FOR OFFICE USE: Processed by: (date and initials)	Notes:
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