



VALOR CHRISTIAN COLLEGE

Drop/Add/Schedule Adjustment Form

Please note: Refer to the Student Catalog for Refund Schedule. The date of withdrawal is certified as the date on which this form is filed with the Registrar, not the date of the last class attended. Failure to attend a class does not constitute withdrawal.

Name: _____ Date: _____

There is a \$10 fee for each Drop/Add/Schedule Adjustment Form submitted beginning the second week of a semester.

DROP

Course Number	Course Title	Units	Office Notes

ADD

Course Number	Course Title	Units	Office Notes

Your signature affirms that you have read and agree to the Drop/Add policy terms found in the Student Catalog. I agree to pay when due all charges for tuition, all applicable fees, and all penalty charges as indicated in the school handbook and catalog.

Student Signature: _____ Date: _____

New Adjustment Totals

Total Units Prior to Adjustment: _____ Total Adjustment: _____
 Total Units after Adjustment: _____

For Office Use	Date Received:	Date Processed:	Processed by:
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