



# 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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State Reg. #1408T