

Course Add/Drop/Withdrawal Form

Purpose of this form: This form is to be used by students who seek to add or drop course(s) during the add/drop period or by students who seek to withdraw from course(s). Please refer the academic calendar, the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Semester/Session	Fall _____ Spring _____ Summer I _____ Summer II _____	Mark here () if this request is due to change of your program
VIU ID	Program of Study	
Last Name	First, Middle (if any) Name	

Address: _____
Street City State Zip

Phone: _____ E-mail: _____@campus.viu.edu

I understand that I am obligated to pay tuition and fees for course registration, and that VIU does not cancel registration for non-payment of tuition and fees or non-attendance. By signing this form, I certify that I understand the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Student's Signature:

Date:

ADD COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

DROP COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

WITHDRAW COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

Office Use Only:

Registrar's Office Date Received: _____ By: _____

Date Processed: _____ By: _____

Accounting Office Date Processed: _____ By: _____

LDA: _____