

Semester: Fall Spring Summer Year: 20 ____

Student ID# _____ Date of Birth: _____ Phone: _____

Name _____
Last First Middle

ADD						
Class #	Subject	Course #	Section	Course Title	Session (14, 12, 7, 5 week)	Credits
12345	MTH	163	1H0M	Precalculus I (example)	14	3
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DROP						
Class #	Subject	Course #	Section	Course Title	Session (14, 12, 7, 5 week)	Credits
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Student's Signature: _____ Date: _____

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

OVERRIDES

Foreign Applicant Hold Class/Instructor Permission Other _____
 Credit Load - Permission required to register for more than **18 credits, not including SDV 100**. If the student's cumulative GPA is below 3.000, the advisor must provide written justification for the override.

GPA: _____ Approved Not Approved

Faculty/Advisor/Counselor's Signature: _____ Date: _____

Pre-requisite - Justification: _____
 Class limit Time conflict Reinstatement approval Other exception _____
(suspension/dismissal)

Academic Dean /Designee's Signature: _____ Date: _____

Electronic signature verified by: _____	For office use only Processed by: _____	Date: _____
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