

I receive GI Bill Benefits.



420 West Main Street
Danville, VA 24541
Phone: (434) 791-5600 or 1-800-AVERETT
Fax: (434) 791-7181

REGISTRATION CHANGE FORM

STUDENT NAME: Student ID #

STUDENT SIGNATURE: _____

Check here if during add/drop period SEMESTER: _____ YEAR: _____

	COURSE	SEC	COURSE TITLE	CREDIT HOURS	CREDIT/AU DIT	INSTRUCTOR'S SIGNATURE
ADD						
ADD						
ADD						
	COURSE	SEC	COURSE TITLE	CREDIT HOURS	CREDIT/AU DIT	INSTRUCTOR'S SIGNATURE
DROP						
DROP						
DROP						

Below This Line:

Even though the following class(es) have/has closed or conflicts with another class, the student named above has my permission to be enrolled in the following class(es);

Please check the appropriate box:

Course is closed but student has permission to add.

Time conflict with another course but will work it out with student.

	COURSE	SEC	COURSE TITLE	CREDIT HOURS	CREDIT/AU DIT	INSTRUCTOR'S SIGNATURE
ADD						
ADD						

Advisor's Signature: _____ Date: _____

cc: via email: instructors added, instructors dropped, advisor, business office
