

**SCHEDULE REQUEST**

Hand-carry only—Fax not accepted

DVC  LMC  CCC

Student ID Number

Term/Year:

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

@insite.4cd.edu

**Last Name** (Please print clearly)

**First Name**

**WebAdvisor Username**

**Telephone:** \_\_\_\_\_

**COURSE REGISTRATION/ADDS**

SECTION	COURSE	UNITS	TIME	INSTRUCTOR SIGNATURE	ADD CODE	COMMENTS
Example: 0001	Eng. 122	3	1-3PM	Add code or signature required once course begins or when course is full	0001	Office use only

**COURSE DROPS**

SECTION	COURSE	UNITS
Example: 0001	Eng. 122	3

By registering for courses and signing this form I agree to:

- Assume financial responsibility for any charges and/or fees posted to my account.
- Assume responsibility for understanding DVC’s official policies concerning schedule changes, registration, enrollment and refunds.
- Review “My Class Schedule” in Insite/WebAdvisor for drop and refund deadlines and DVC Catalog for enrollment policies.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_