SCHEDULE REQUEST

Hand-carry only—Fax not accepted

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

<table>
<thead>
<tr>
<th>SECTION</th>
<th>COURSE</th>
<th>UNITS</th>
<th>TIME</th>
<th>INSTRUCTOR SIGNATURE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 0001</td>
<td>Engl-122</td>
<td>3</td>
<td>1-3PM</td>
<td>Signature or Add Code required once course begins or when course is full</td>
<td>Office use only</td>
</tr>
</tbody>
</table>

COURSE DROPS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>COURSE</th>
<th>UNITS</th>
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</table>

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: __________