



DIABLO VALLEY COLLEGE

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	COMMENTS
Example: 0001	Engl-122	3	1-3PM	Signature or Add Code required once course begins or when course is full	Office use only

COURSE DROPS

SECTION	COURSE	UNITS
Example: 0001	Engl-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: _____
