

VPCC Student Enrollment Form

Semester (check one): Fall

Spring

Summer

Year: _____

Last Name

First Name

MI

Student ID #

_____@email.vccs.edu

Phone Number

Email address

Add/Enroll

Class #	Subject/Catalog#	Section	Credit Hours	Day/Time	Action/Note/Signature Approval (if needed)
12345	ENG 111	05	3	M-W/11-11:50	<i>I.M. Instructor – OK to Enroll</i>
1.					
2.					
3.					
4.					
5.					
6.					

Drop/Withdraw

Class #	Subject/Catalog#	Section	Credit Hours	Day/Time	Grade/Last Date of Attendance/Signature Approval (if needed)
1.					
2.					
3.					
4.					
5.					
6.					

Notes/Comments/Mitigating Circumstances

Student Signature/Date

Processed By/Date