Enrollment/Schedule Adjustment Form

Please Print

Term: ❍ **Fall** ❍ **Summer [1]/Evening** ❍ **Spring** ❍ **Summer [2]** **Year:** _____

PARADISE VALLEY COMMUNITY COLLEGE

Name _____ Student ID: _____
Last, First, Middle

Address _____ City/State /Zip _____

Phone (HM) _____ (WK) _____ Birthdate _____ / _____ / _____ Male _____ Female ___

Race/Ethnic Background *(Optional Information)* ❍ American Indian/Alaskan Native [1] ❍ Black non-Hispanic [3] ❍ White non-Hispanic [5]
❍ Asian or Pacific Islander [2] ❍ Hispanic [4] ❍ Other [6]

(Check √ one) Enroll or Reinstate	(Check √ one) Drop Class	Enroll Action Reason *(over)*	Subject Code & Course Number	Class Number	CR	Day	Time	Date/Signature Required: **Student Requested Withdrawal** Give date request was received OR **Faculty Initiated Withdrawal** Give student's Last Date of Attendance	Withdrawal Status "W"	Withdrawal Status "Y"
√			ABC 123 or NC 500	12345	3	MWF	10:30 - 11:20			

Maricopa Community Colleges abide by all state and federal nondiscrimination and equal opportunity requirements. All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the college catalog.

MARICOPA COMMUNITY COLLEGES

My signature indicates that I understand the Add/Drop, Withdrawal, and Refund policies. ***I accept responsibility for choosing the courses above.***
***NOTE**: If you are receiving any type of financial assistance, you must notify the appropriate office(s) of change in your enrollment status.*

Student's Signature: _____ Today's Date: _____/_____/_____

* When the instructor's signature is required to withdraw, a grade of "W" (Withdrawn Passing) or "Y" (Withdrawn Failing) is required. The Official date of this drop/withdrawal will be the date this form is received in the Admissions & Records Office.

Enrollment/Schedule Adjustment 283/608ac

Use these Enrollment Action Codes

Student	← Codes→	Faculty
	Excessive absences	(42)
	Never attended	(43)
01	Personal, illness, hospitalization	(31)
02	Financial problems	(32)
03	Employment Related	(33)
04	Technical Difficulties	(34)
05	Academic difficulties	(35)
06	Family Related	(36)
08	Transportation problems	(38)
09	Personal confidential	(39)
10	Academic load too heavy	(41)
11	Military commitments	(44)
14	Moved	(46)
16	Chose an alternate Course/Section	
19	Books/supplies not available	
20	No reason given	
21	Enrolling in another college	
24	Misadvised about course	
27	Lack of time	
28	Official church missions	
29	Foreign Aid Service for Federal Government	
30	Not required for Program	

Special Permission OR Signature Required OR Advisor Remarks

Course _____ **Class Number** _____

Specify exact details for exception OR Advisor Remarks:

_____

_____

_____

_____ _____
Division Chair/Advisor Signature Date

PVCC STUDENT EMISSIONS TESTING AFFIDAVIT: In accordance with the Arizona Revised Statutes 15-1444 and 15-1449, I hereby certify that:

Check one box below:

❒ My vehicle, as required by Arizona Revised Statutes 49-542, has passed its vehicle emissions test.

❒ A.R.S. 49-542 is not applicable to a motor vehicle or a motorcycle I drive.

❒ I do not park a vehicle on college property.

Unless eligible for waiver, I understand that if I fail to comply with the requirements of the emissions inspection program, I am prohibited from parking on college property and my vehicle is subject to being towed away at my expense.

_____ _____
Student Signature Date

Withdrawals from the student cannot be accepted after the 14th week of the regular Fall or Spring term. For details on withdrawal dates for Open Entry classes and classes which meet less than 16 weeks, consult the Admissions and Records Office.

THE ABOVE INFORMATION DOES NOT INCLUDE THE COMPLETE COLLEGE POLICY. PLEASE REFER TO THE COLLEGE CATALOG.