|               | WVNCC EARLY ACCESS   |
|---------------|----------------------|
|               | ADD/DROP FORM        |
|               | /(Semester / Year)   |
|               | Today's Date:        |
|               | Please Print Clearly |
| Student Name: | · ·                  |
| WVNCC ID #:   |                      |
| High School:  |                      |

| ADD COURSE(s)         |   |                                    |                        |                               |  |  |  |
|-----------------------|---|------------------------------------|------------------------|-------------------------------|--|--|--|
| CRN<br>(If available) | WVNCC Course Code / Title<br>and/or<br>(For Dual Enrollment) Equivalent High School Course Code / Title | Please indicate class location (X) |                        |                               |  |  |  |
|                       |   | Online                             | High School<br>On-site | WVNCC On-site *Specify Campus |  |  |  |
|                       |   |                                    |                        |                               |  |  |  |
|                       |   |                                    |                        |                               |  |  |  |
|                       |   |                                    |                        |                               |  |  |  |
|                       |   |                                    |                        |                               |  |  |  |
|                       |   |                                    |                        |                               |  |  |  |

| DROP COURSE(s) |              |  |  |  |  |  |
|----------------|--------------|--|--|--|--|--|
| CRN            | Course Title |  |  |  |  |  |
|                |              |  |  |  |  |  |
|                |              |  |  |  |  |  |
|                |              |  |  |  |  |  |
|                |              |  |  |  |  |  |
|                |              |  |  |  |  |  |

<sup>\*</sup>Please note that the High School counselor must provide the authorization signature for the drop and/or add pertaining to dual credit course(s).

|  |         | Da              | Date:                 |  |
|--|---------|-----------------|-----------------------|--|
| Authorization Signature (Please circle): | Student | Parent/Guardian | HS Counselor/Designed |  |

## **TUITION REFUND POLICY**

Only in cases where the College cancels class **or** a **student withdraws prior** to **the first day of the semester** or prior to Sunday evening at midnight the week the class starts for those classes with a delayed start, will full tuition and course fee(s) be refunded. Students who totally withdraw from all their classes will have their tuition adjusted according to the schedule listed on the current academic calendar.