



# QUINEBAUG VALLEY COMMUNITY COLLEGE

Records Office • 742 Upper Maple Street  
Danielson, CT 06239-1440  
Phone: (860) 932-4010  
Email: qvrecords@qvcc.edu

<b>Records Office Use:</b>
Entered by: _____
Date: _____

## ADD-DROP FORM (Pass/Fail and Audit Form)

Name: \_\_\_\_\_ Banner ID: @ \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Semester:  Fall  Winter  
 Spring  Summer

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

COMPLETE WITHDRAWAL     DROPPING LESS THAN ALL COURSES     ADDING COURSE(S)

Veteran's Benefits:  Yes  No    Financial Aid:  Yes  No    Tuition Waiver:  Yes  No

ADD									
CRN	Subj	Crs#	Sec#	Title	# Cr	Days	Time	Bldg	Room
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			

DROP									
CRN	Subj	Crs#	Sec#	Title	# Cr	Days	Time	Bldg	Room
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			
						M T W R F S			

PASS/FAIL - AUDIT							
CRN	Subj	Crs#	Sec#	Title	Pass/Fail	Audit	

Reason for Change:

\_\_\_\_\_

\_\_\_\_\_

**\*\*This form MUST be submitted to the Records Office via your student email account.\*\***

\_\_\_\_\_ / / \_\_\_\_\_ / /  
 Student Signature Date Advisor Signature Date

\_\_\_\_\_ / / \_\_\_\_\_ / /  
 President or Dean Approval (if required) Date Instructor/Coord/Chair Approval (if required) Date