LFCC
Lord Fairfax Community College

Enrollment Request

LFCC Admissions / Enrollment Services Office
173 Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7110 Email: admissions@lfcc.edu Fax: 540-868-7005

Semester: ☐ Fall ☐ Spring ☐ Summer Year: 20____

Student ID# _____ Date of Birth _____ Phone _____

Name _____ _____ _____
Last First Middle

ADD						
Class #	**Subject**	**Course #**	**Section**	**Course Title**	**Session** (15, 12, 10, 8, 5 week)	**Credits**
12345	MTH	163	1H0M	Precalculus I (example)	15	3

DROP						
Class #	**Subject**	**Course #**	**Section**	**Course Title**	**Session** (15, 12, 10, 8, 5 week)	**Credits**

Student's Signature: _____ **Date**: _____

I voluntarily consent to the use of an electronic record of my LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my *@email.vccs.edu* account to provide LFCC with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

OVERRIDES

☐ Foreign applicant hold ☐ Class/Instructor permission ☐ Other _____

☐ Credit Load - Permission required to register for more than **18 credits, not including SDV 100**. If the student's cumulative GPA is below 3.000, the advisor must provide written justification for the override.

GPA: _____ ☐ Approved ☐ Not Approved

Faculty/Advisor/Counselor's Signature: _____ **Date:** _____

☐ Pre-requisite - Justification: _____

☐ Class limit ☐ Time conflict ☐ Reinstatement approval (suspension/dismissal) ☐ Other exception _____

Academic Dean /Designee's Signature: _____ **Date:** _____

For office use only

Electronic signature verified by: _____ **Processed by:** _____ **Date** _____

Revised 10/17/2019 GOLDENROD