

# REGISTRATION FORM

703-812-4757 - FAX 703-323-6678

Complete this form and email it to the Registrar - [registrar@johnlelandcenter.edu](mailto:registrar@johnlelandcenter.edu) Email is the method of registration for Master students. Diploma students are to register with their Site Director.

**Instructions:**

**DROP:** Courses may be dropped through the end of the second week of a semester with no penalty. After the second week, courses dropped are recorded with a “W” on the student’s permanent record. Tuition for courses dropped after the second week will be refunded accordingly: first 15 days 100%; 16-21 days 50%, 21-30 day 25%, no refund after 31 days. For summer school and Intensive classes, contact the Office of the Registrar for the refund policy.

**ADD:** Courses may be added through the end of the first week of a semester without instructor permission. Courses may be added through the end of the second week only with instructor’s signature below. No course may be added after the end of the second week. Summer school and Intensive Classes must be added before they begin.

**CHANGE OF GRADING STATUS:** Courses may be changed from CREDIT to AUDIT or from AUDIT to CREDIT through the end of the second week of the semester. Courses may be changed from CREDIT to PASS/FAIL or vice versa through the end of the fifth week of the semester.

**WAIVED REQUIREMENTS:** Students petitioning to add a course without satisfied prerequisites must obtain the instructor’s signature of approval on this form.

Last	First	Last 4 digits of social security
Add/ Drop	Credit P/F Audit	Course Number
Course Day	Course Title	Instructor Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**CHECK ALL THAT APPLY**

New Registration

Change of registration

Masters       Diploma

Location \_\_\_\_\_

Term \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Phone number

Office use only: Registrar \_\_\_\_\_ A/R \_\_\_\_\_