



VWCC Records Office • PO Box 14007 • Roanoke, VA 24038-4007
Phone: 540-857-7236 / Fax: 540-857-6102

To Be Completed By Student:

Fin. Aid Recipient

Last Name:	First Name:	Middle Initial:
Student ID:	Today's Date:	
Please check all that apply:		
<input type="checkbox"/> I am currently enrolled at VWCC. My current/last term of enrollment was:	<input type="text"/>	
<input type="checkbox"/> I am a new student. The term in which I will begin classes is:	<input type="text"/>	
<input type="checkbox"/> I am currently a dual enrolled or home schooled student. The term in which I will be taking classes after graduating from high school / home school is:	<input type="text"/>	
The anticipated date of my high school / home school graduation is:	<input type="text"/>	
Student Signature:		

To Be Completed by Counseling Department:

Student's Current Program/Plan	Desired Program/Plan
<input type="text"/>	Plan Name: <input type="text"/> Plan Code: <input type="text"/>
Please check all that apply:	Catalog Year (Requirement Term)
<input type="checkbox"/> Student has completed Compass testing. Placement testing service indicator was removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Was previously a high school/home school dual enrollment student and is now eligible to have service indicators removed. Dual enrollment service indicator was removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student has been waived from Compass testing and related service indicators should be removed.	<input type="text"/>
Counselor Signature:	Date:

To Be Completed By Registrar's Office:

Processed By:	<input type="text"/>	Date:
Create Student File?	<input type="checkbox"/> Yes <input type="checkbox"/> No	