

**Virginia Child Care Provider Scholarship Program (VCCPSP)  
COURSE DROP OR CHANGE REQUEST FORM**

Students may DROP or CHANGE an APPROVED COURSE without penalty if the student notifies the school and VCCPSP by the college or university add/drop deadline. It is the responsibility of the student to know the add/drop deadline for the school where they are enrolled. Failure to notify VCCPSP by the add/drop deadline could result in the forfeiture of scholarships through this program.

Students will need to complete this form when:

- the course for which the scholarship was awarded needs to be CHANGED to another APPROVED COURSE, or
- the course for which the scholarship was awarded needs to be DROPPED without changing to another course.

**STUDENT INFORMATION**

First Name		Last Name	
Student ID Number	Last 5 digits of Social Security #	Date of Birth	
Name of College or University			Semester/Year

In the section(s) below, please provide the current and new course number (if applicable), course name, and the reason for the request. Please ONLY INCLUDE INFORMATION for COURSES that need to be DROPPED or CHANGED.

Current Course Number	Course Name
New Course Number	New Course Name (N/A if no new course will be selected)
<b>Please Indicate Change Needed</b> in the space below (re: Change Course, Drop Course). Please NOTE: This section must be completed.	

**COURSE 2 INFORMATION, if applicable**

Current Course Number	Course Name
New Course Number	New Course Name (N/A if no new course will be selected)
<b>Please Indicate Change Needed</b> in the space below (re: Change Course, Drop Course). Please NOTE: This section must be completed.	

Signature \_\_\_\_\_

Date \_\_\_\_\_