Community Colleges of Spokane

REGISTRATION TRANSACTION CLASS ADD/DROP FORM

Quarter of registration:
☐ Summer ☐ Fall ☐ Winter ☐ Spring - Year 20_____
Please indicate the campus where you plan to add/drop classes:
☐ SCC ☐ SFCC

USING A BLUE OR BLACK PEN, CLEARLY PRINT ALL INFORMATION BEFORE SUBMITTING TO REGISTRATION.

Full legal name _____ ctcLink Identification Number (###-###-###) _____
Last First M.I.

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail address _____

REGISTER OR ADD

5-Digit Class Number (example: 12345)	SUBJECT (ENGL& WELD)	NUMBER (101 113)	Credits	Audit[2]	Added to class waitlist	Prerequisite: counselor or instructor override signature or permission code	3rd-5th day of the quarter instructor signature required to add a class[3]	Instructor signature required to override class capacity (dept dean approval also required for online classes).	Date	1st Date of Attendance	SCC ONLY Permission from VP of Instruction to add a class after the 5th day of the quarter[4]	Date

DROP[1] Instructor signature is not required to drop classes

Number	SUBJECT	NUMBER	Section	Credits

FOR OFFICE USE ONLY

Service Indicator _____ Date _____

Override signature _____

Registration Transaction Entered

Initial _____ Date _____

[1] To drop ALL classes, complete the *Official Withdrawal Form*. See the important dates online for complete refund information. Short-course/Dynamic-Dated refund dates are pro-rated. Refunds are processed by the Business Office and take 10 working days to complete.
[2] Audit: If you do not wish to earn credit or receive a decimal grade, put an "A" in the "Audit" column indicating you wish to audit the class. Financial Aid will not pay for classes that are audited.
[3] Instructor signature required to add a class from 3rd through 5th day of the quarter. Last day of adding a class is the 5th day of the quarter.
[4] **SCC ONLY Adding classes beyond the 5th day of the quarter must have instructor AND VP of Instruction signature.**

***COLLECTIONS NOTICE**: By signing this form, you agree that you will be liable for all collection fees, of up to 19.5%, and interest, of up to 12%, which may be based on the unpaid balance charges, and all attorneys' fees, related to the collection of any unpaid charges on your student account.*

Student signature _____ **Date** _____ **Advisor's signature** _____ **Date** _____