Community Colleges of Spokane

REGISTRATION TRANSACTION CLASS ADD/DROP FORM

Please indicate the campus where you plan to add/drop classes:

☐ **Spokane Community College (SCC)**
Registration Office MS 2151
1810 N Greene St | Spokane WA 99217-5399
SCC.Reg-Office@scc.spokane.edu

☐ **Spokane Falls Community College (SFCC)**
Admissions Office MS 3011
3410 W Whistalks Way | Spokane WA 99224-5288
SFCC.Admissions@sfcc.spokane.edu

Directions: Complete this form to make changes to your credit class schedule. Return the completed and signed form to the college by email, fax, mail or in person. Please allow 2-3 business days processing time before viewing your schedule in ctcLink. Changes to your name or address may be completed in your ctcLink Student Center or by submitting a Name and Mailing Address Change form To add a class after the quarter has begun, please access the Late Enrollment Request form for permission to enroll.

Quarter of registration: ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year 20

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

REGISTER OR ADD

4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits	Audit (enter "A" to audit)	Office Use Only. Added to waitlist	Prerequisite override signature or permission code by counselor or instructor	Instructor signature to override class capacity (must also have Division Dean approval for online classes).	Date	Division Dean signature to override online class capacity (must also have instructor approval).	Date

DROP

Number	Subject	Number	Section	Credits	Instructor authorization to drop (Instructor signature may be required to drop some classes)

Student Signature

By signing this form, you agree to pay all charges that result from the processing of this request.

Signature Date

FOR OFFICE USE ONLY

Service Indicator _____ Date _____

Override signature _____ Date _____

Advisor signature Date

Registration Transaction Entered

Initial _____ Date _____