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|  | **REGISTRATION TRANSACTION CLASS ADD/DROP FORM** | **Please indicate the campus where you plan to add/drop classes:** |
|  |  | [ ]  | **Spokane Community College (SCC)**Registration Office MS 21511810 N Greene St | Spokane WA 99217-5399SCC.Reg-Office@scc.spokane.edu | [ ]  | **Spokane Falls Community College (SFCC)**Admissions Office MS 30113410 W Whistalks Way | Spokane WA 99224-5288SFCC.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](https://app.signnow.com/webapp/document/3a5052b64c3b429780e09b04fd2f0c12d2f90104?dispatched=true&mobileweb=app_or_mobileweb_choice&redirect_uri=https%253A%252F%252Fapp.signnow.com%252Fhtml%252Fthanks-for-signing%253Fdocument_id%253D3a5052b64c3b429780e09b04fd2f0c12d2f90104%2526access_token%253Dcf5c5898f80e5a207fcea5807a8f2e085ed95ce04020db24021f4c8dabc43af1&sign=1&source=link) To add a class after the quarter has begun, please access the [Late Enrollment Request form](https://scc.spokane.edu/AD-Logon?ReturnURL=/For-Our-Students/Getting-Help/Late-Enrollment) for permission to enroll.  |
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| Quarter of registration:  |  | Year 20 |       |  |
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| Full legal name | 24 |       |       | ctcLink Identification Number (###-###-###) |       |
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| **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** |
|       |       |       |      |      |      |       |       |       |       |       |
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| **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.** |
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| **FOR OFFICE USE ONLY** |
| Service Indicator |  | Date |  |   | Registration Transaction Entered |
| Override signature |  | Date |  |  | Initial |  | Date |  |
| Advisor signature |  | Date |  |  |  |  |  |  |
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