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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 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](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** | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | |  | | | | |  | Registration Transaction Entered | | | | |
| Override signature | |  | | | | | | Date | | |  | | | | |  | Initial | |  | Date |  |
| Advisor signature | |  | | | | | | Date | | |  | | | | |  |  | |  |  |  |
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