

Adult Basic Education STUDENT UPDATE FORM

 Registration Office, Building 15
 MS 2151
 1810 N. Greene St.
 Spokane, WA 99217
 SCC.NCRegistration@scc.spokane.edu

Complete this form to update your program, when returning after an absence of a quarter or more, when changing your start date, or to transfer between SCC and SFCC. Submit the completed form via email, in person, or by mail. Once your request is processed, you will be contacted within 3-5 business days with further instructions.

Changes to your name or address may be completed in your ctcLink Student Center or by submitting a [Name and Mailing Address Change](#) form.

Identify Location:			
☐ Adult Education Center (AEC)	☐ Inchelium	☐ Newport	☐ Republic
☐ Colville	☐ Next Gen Zone	☐ Pullman	☐ Spokane Community College (SCC)

TERM INFORMATION

Please indicate the year and quarter of when you plan to return or when these changes should go into effect.

Year _____ ☐ Summer (July-Aug.) ☐ Fall (Sept.-Dec.) ☐ Winter (Jan.-March) ☐ Spring (April-June)

PERSONAL INFORMATION

Last Name _____ First _____ M.I. _____

Date of Birth _____ ctcLink ID number (if unknown, put NA) _____

Mailing address _____ City _____ State _____ Zip _____

E-mail address _____ Phone _____

PROGRAM OF STUDY

What program will you be pursuing?

- | | |
|--|---|
| ☐ COLLEGE PREP | ☐ HIGH SCHOOL PLUS (HS+) |
| ☐ GENERAL EDUCATION DEVELOPMENT (GED) | ☐ SKILL BUILDING |
| ☐ CAREER TRANSITIONS | ☐ SKILLED TRADES PREPARATION (STP) |
| ☐ ENGLISH AS A SECOND LANGUAGE (ESL) | |

APPLICANT'S SIGNATURE

I certify that my responses on this form are true.

Required applicant's signature _____ Date _____

OFFICE USE ONLY

Date Received:		Received by:
Letter	Processed by	Res Code

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