

Directions: Complete this form by printing your full legal name, ctcLink ID number, and signing in the student signature box. Return the completed form to the college by email, fax, mail or in person to your Pathway Specialist or the Registration Office. 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 or change a class after the quarter has begun, please access the [Late Enrollment Request form](#) to get permission to enroll.

Full legal name _____
Last
First
M.I.

ctcLink Identification Number (###-###-###) _____

Program Name _____

Quarter of registration Summer Fall Winter Spring Year 20 _____

4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits

Quarter of registration Summer Fall Winter Spring Year 20 _____

4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits

Quarter of registration Summer Fall Winter Spring

Year 20 _____

4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits

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 _____		