Corrections Education
REGISTRATION TRANSACTION
CLASS ADD/DROP FORM

Community Colleges of Spokane

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

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

USING A BLUE OR BLACK PEN, CLEARLY PRINT ALL INFORMATION BEFORE SUBMITTING TO REGISTRATION.

Full legal name _____
Last   First   M.I.

ctcLink Identification Number ☐☐☐☐☐☐☐☐☐

Address _____ City _____ ST _____ Zip _____

DOC # ☐☐☐☐☐☐

REGISTER OR ADD

4-Digit Class Number (example: 1234)	SUBJECT (ENGL& WELD)	NUMBER (101 113)	Section	Credits	Audit[1]	Added to class waitlist	Prerequisite permission code or footnote override signature	2nd-5th day of the quarter instructor signature required to add a class[2]	Instructor signature required to override class capacity (dept dean approval also required for online classes).	Date	Permission from VP of Instruction to add a class after the 5th day of the quarter[3]	Date

DROP[4]
Instructor signature is not required to drop classes

Number	SUBJECT	NUMBER	Section	Credits	FOR OFFICE USE ONLY
					Service Indicator _____ Date _____ Refund _____ %
					Override signature _____ Signature _____ Date _____
					Service Indicator _____ Date _____ **Registration Transaction Entered**
					Override signature _____ Initial _____ Date _____

[1] Audit: If you do not wish to earn credit or receive a decimal grade, put an "A" in the "Audit" column indicating you wish to audit the class. Financial Aid will not pay for classes that are audited.

[2] Instructor signature required to add a class from 2nd through 5th day of the quarter. Last day of adding a class is the 5th day of the quarter.

[3] **Adding classes beyond the 5th day of the quarter must have instructor AND VP of Instruction signature.**

[4] To drop ALL classes, complete the *Official Withdrawal Form*. See the important dates online for complete refund information. Short-course/Dynamic-Dated refund dates are pro-rated. Refunds are processed by the Business Office and take 10 working days to complete.

COLLECTIONS NOTICE: By signing this form, you agree that you will be liable for all collection fees, of up to 19.5%, and interest, of up to 12%, which may be based on the unpaid balance charges, and all attorneys' fees, related to the collection of any unpaid charges on your student account.

Student signature _____	**Date** _____	**Advisor's signature** _____ **Date** _____

<table>
<tr><td colspan="3">A response to the questions below is necessary ONLY if requested by the Registration Processor to obtain information missing from your student record.</td></tr>
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Federal funding is based on this information.
Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.?

☐ **Yes** ☐ **No**

Disability Support Services may be available to assist you. For more information call Disability Support Services may be available to assist you. For more information call Disability Support Services:
- **SCC: 533-7169**
- **SFCC: 533-4166**

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What is your main long-term goal for attending Community Colleges of Spokane (CCS)?

☐ Take course(s) related to current or future work
☐ Transfer to a four-year college
☐ High school diploma or GED
☐ Explore career direction
☐ Personal enrichment
☐ Other

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How long do you plan to attend CCS?

☐ One quarter
☐ Two quarters
☐ One year
☐ Up to two years, no degree planned
☐ Long enough to complete a degree
☐ I don't know
☐ Other

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What will be your work status while attending CCS?

☐ Full-time homemaker
☐ Full-time employment (includes self-employment and military)
☐ Part-time off campus
☐ Part-time on campus
☐ Not employed, but seeking employment
☐ Not employed, not seeking employment
☐ Other

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What is your prior level of education?

☐ Less than 9th grade
☐ Less than high school graduation
☐ GED
☐ High school graduate
☐ Some post high school, but no degree or certificate
☐ Certificate (less than two years)
☐ Associate degree
☐ Bachelor's degree or higher
☐ Other

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What is your current family status? (Optional)

☐ A single parent with children or other dependents in your care
☐ A couple with children or other dependents in your care
☐ Without children or other dependents in your care
☐ Other

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Have you been in Washington State foster care for at least one year since your 16th birthday?

☐ **Yes** ☐ **No**

(F$)

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Do you plan to major in math?

☐ **Yes** ☐ **No**

(M$)

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Do you plan to major in science?

☐ **Yes** ☐ **No**

(S$)

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OFFICE USE ONLY

Outcomes information entered: Initial _____ Date _____

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