Community Colleges of Spokane

REGISTRATION TRANSACTION CLASS ADD/DROP FORM

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 _____ Student Identification Number (SID) ☐☐☐ ☐☐☐ ☐☐☐
Last First M.I.

Address _____ City _____ ST _____ Zip _____

Day phone _____ Evening phone _____ E-mail address _____

REGISTER OR ADD

4-Digit class ITEM Number (example: 1234)	COURSE (ENGL& WELD)	NUMBER (101 113)	Section	Credits	Audit[1]	Added to class waitlist	Prerequisite entry 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.	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

ITEM Number	COURSE	NUMBER	Section	Credits

FOR OFFICE USE ONLY

UA CODE _____ Date _____
Override signature _____

Refund _____ %
Signature _____ Date _____

UA CODE _____ Date _____
Override signature _____

Registration Transaction Entered
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 <u>beyond the 5th day of the quarter</u> 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 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** _____

A response to the questions below is necessary ONLY if requested by the Registration Processor to obtain information missing from your student record.

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
IEL: 279-6037

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

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

How long do you plan to attend CCS?

☐ 11 One quarter
☐ 12 Two quarters
☐ 13 One year
☐ 14 Up to two years, no degree planned
☐ 15 Long enough to complete a degree
☐ 16 I don't know
☐ 90 Other

What will be your work status while attending CCS?

☐ 11 Full-time homemaker
☐ 12 Full-time employment (includes self-employment and military)
☐ 13 Part-time off campus
☐ 14 Part-time on campus
☐ 15 Not employed, but seeking employment
☐ 16 Not employed, not seeking employment
☐ 90 Other

What is your prior level of education?

☐ 10 Less than 9th grade
☐ 11 Less than high school graduation
☐ 12 GED
☐ 13 High school graduate
☐ 14 Some post high school, but no degree or certificate
☐ 15 Certificate (less than two years)
☐ 16 Associate degree
☐ 17 Bachelor's degree or higher
☐ 90 Other

What is your current family status? (Optional)

☐ 11 A single parent with children or other dependents in your care
☐ 12 A couple with children or other dependents in your care
☐ 13 Without children or other dependents in your care
☐ 90 Other

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

☐ **Yes** ☐ **No**

(F$)

Do you plan to major in math?

☐ **Yes** ☐ **No**

(M$)

Do you plan to major in science?

☐ **Yes** ☐ **No**

(S$)

REQUIRED: Informed Consent

I authorize this college to use my Social Security Number to obtain employment and wage information held by the Employment Security Department for the purposes of state and federal educational reporting, evaluation and research.
☐ Yes, I give my consent.
☐ No, I do not give my consent to the use of my SSN for the above stated purpose.

OFFICE USE ONLY

Outcomes information entered:

Initial _____ Date _____