

CHANGE OF REGISTRATION FORM



CLARK COLLEGE
REGISTRATION OFFICE
 1800 E. McLoughlin Blvd.
 Vancouver, WA 98663-3598
 (360) 992-2183 FAX (360) 992-2876

Shaded Areas for Official Use Only

Print clearly using black or blue ink

Student ID Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Quarter of registration: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20____		
Last Name		First		Middle	
Address:				Apt. No.	
City		State		Zip	
Phone Number		Email Address		Date of Birth	

ADD						
Item Number	Dept.	Course Number	Section Code	Credit Hours	Faculty/Advisor Signature	Date

FACULTY INITIALS (Please indicate type of consent)				
Overload	Prerequisite Override	Permission Class	Audit	Pass/No Pass

DROP						
Item Number	Dept.	Course Number	Section Code	Credit Hours	Faculty/Advisor Signature	Date

1. For most classes, withdrawals will be accepted through the last day of the seventh week of the quarter.
2. For classes with unusual start and end dates, add/drop/withdrawal deadlines may vary. Please refer to the withdrawal and refund policies published in the quarterly class schedule for further information.
3. Instructor's signature is required if:
 - a) a student wishes to audit;
 - b) a student is changing from credit to pass/no pass or pass/no pass to credit. (Instructional Dean or Division chair's signature may also be required for pass/no pass changes).

The deadline for changing to audit is the tenth day of the quarter (eighth day, summer qtr.) and for pass/no pass the deadline to change is the eighth week of the quarter.
4. Financial aid recipients who are changing their credit load must contact the Office of Financial Aid.

Student Signature (required) _____

Reason for withdrawal: _____

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YRQ A _____ Initial _____ Credit Change: _____

Refund: 100% 50% 0%