

CHANGE OF REGISTRATION FORM



CLARK COLLEGE
 Registration Office, Gaiser Hall
 1933 Fort Vancouver Way
 Vancouver, WA 98663-3598
 (360) 992-2183

Shaded Areas for Official Use Only

Student must submit this form in person

Print clearly using black or blue ink (no pencil)

Student ID Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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
Day Phone Number		Eve Phone Number		Date of Birth	

Instructor's signature is required if:

- a) a student wishes to audit. The deadline for changing to audit is the tenth day of the quarter (eighth day for summer quarter).
- 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 these changes. The deadline for pass/no pass changes is the eighth week of the quarter (varies for summer quarter).

ADD					FACULTY INITIALS (Please indicate type of consent)						
Item Number	Dept.	Course Number	Section Code	Credit Hours	Faculty/Advisor Signature	Date	Overload	Prerequisite Override	Permission Class	Audit	Pass/No Pass
example	2345	ENGL&	101	C	5						

WITHDRAWALS

For most classes, withdrawals will be accepted through the eighth week of the quarter. Deadlines vary for classes with unusual start or end dates. Please refer to the withdrawals and refund policy on website for further information.

Financial aid recipients who are changing their credit load must contact the Office of Financial Aid.

DROP				
Item Number	Dept.	Course Number	Section Code	Credit Hours
Please indicate the reason for withdrawal: _____				

FOR OFFICE USE ONLY

YRQ _____

Credit Change _____

Refund: 100% 50% 0%

Initial _____

Comments _____

→ STUDENT SIGNATURE
 (required for all transactions) _____

Revised 03/13/12