

PETITION FOR REGISTRATION AFTER TENTH DAY



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

Print clearly using black or blue ink

Student ID Number:

- -

Date: _____

Student Name: _____

Item Number: _____ Dept./Course Number: _____

Student's reason for late enrollment: _____

Student's signature: _____

FOR INSTRUCTIONAL USE ONLY:

I request that the above named student be considered for late enrollment. I understand that registration after the tenth day of the quarter may result in loss of FTE's to the college and loss of credit to my faculty teaching load.

Instructor's justification for enrollment after SBCTC deadline:

First date student attended (required): _____

Instructor's Signature: _____

Instructional Dean's Signature: _____

FOR REGISTRATION OFFICE USE ONLY:

The above student has been approved for late enrollment.

Authorizing Signature: _____

Report to SBCTC [enrollment date]: _____