



**CLOVER PARK TECHNICAL COLLEGE
OFFICIAL COURSE / PROGRAM
ADD / WITHDRAWAL**

Student ID# _____ Year/Quarter _____

Last name _____ First Name _____ Initial _____

Street Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening or Message Phone _____

ARE YOU?	
<input type="checkbox"/>	Tuition Installment Plan*
<input type="checkbox"/>	Financial Aid
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Running Start/EHS*
*Signature Required	

Signature	

CLASS ADD

Item #	Class Title	Time

PROGRAM / CLASS WITHDRAWAL (Please select one)

Item #	Class Title	Last Day In Class

Please check reason for leaving this course (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Child Care | <input type="checkbox"/> 9 My chosen occupation did not require more training |
| <input type="checkbox"/> 2 Completion of a modified course of study | <input type="checkbox"/> 10 Personal problems |
| <input type="checkbox"/> 3 Financial | <input type="checkbox"/> 11 Transfer to another college or school |
| <input type="checkbox"/> 4 Graduation from program | <input type="checkbox"/> 12 Transfer to another program |
| <input type="checkbox"/> 5 Language difficulties | <input type="checkbox"/> 13 Transportation |
| <input type="checkbox"/> 6 Medical | <input type="checkbox"/> 14 Working – not related to training |
| <input type="checkbox"/> 7 Military duty (Petition required) | <input type="checkbox"/> 15 Working – related to training |
| <input type="checkbox"/> 8 Moved | <input type="checkbox"/> 16 Other _____ |

I have returned all college owned equipment, books, and/or supplies. _____ (Student's initials)

Student Signature (Official Add or Withdrawal) _____ Date _____ Advisor/Counselor Signature (Withdrawal) _____