

ADD/DROP FORM

REGISTRATION & SCHEDULE CHANGE

									ARE YOU?					
CTCLINK	ID#	PREVIO	PREVIOUS SID # (if applicable) FIRST NAME				QUARTER/YEAR MIDDLE INITIAL				 □ Financial Aid □ L&I/Employer/Third-Party Funded □ NWCTHS* □ Running Start* □ Tuition Installment Plan (TIP)* □ Tuition Waiver, Veteran Dep/Spouse 			
LAST NAI	ME	FIRST												
STREET A	DDRESS / F	P.O. BOX CITY			STATE ZIP				□ Veteran/Dep/Spouse using VA Benefits					
PHONE (a	rea code)	EMAI	L ADE	PRESS						*Sigr	nature Required			
REQUE	ST TYPE								INSTRU	CTOR	APPROVAL			
-	ck one)							INSTRUCTOR SIGNATURE APPROVAL CODE						
ADD DROP		COURSE TITLE			CLAS	SS #		(if required)			(see below)			
Gender A g	ing classes Identity (or gender identimale (cisgender)	ty not listed	(s): _	Gender Non-Co	nforming		+	re than one genc	ler identity		Questioning Transgender Female			
Gender Fluid				Male (cisgender)				•						
				Male (disgenuer)			Prefer not to answer			Transgender Male Two-Spirit				
1	Orientation	(optional)		Τ_			I _				T			
Asexual			Ш	Gay				sexual		Questioning				
Bisexual				Heterosexual/Straight			Pre	fer not to answe	<u> </u>		Sexual orientation not listed			
Demisexual				Lesbian			Que	ueer			Two-Spirit			
Adding Classes Adding classes may result in additional tuition and fees. You are responsible for your full tuition and fees.									ble credit – in ent may audit	ad s :/reg struc cour	tudent ister for course ctor must provide # of cred			
efund. F and fees n your c Refunds	Please allo after subr tcLink Stu	thedule may resu w 24 hours for th mitting this form. dent Homepage of e reviewed. Plea	ie sys You unde	stem to recalcu may view your r Financial Acco	late your to account bo ount.	uitior alanc								
have rea	ad the abo	ve information a	nd re	turned all coll	ege owned	l equ	iipmo	ent, books, ar	nd/or supplies	5.				
STUDENT SIGNATURE					D/	DATE			ADVISOR SIGNATURE					

(Required if dropping all classes)