

## **ADD/DROP FORM**

## **REGISTRATION & SCHEDULE CHANGE**

CTCLINK ID #  LAST NAME  REQUEST TYPE		PREVIOUS SID # (if applicable) QUARTER/YEAR  FIRST NAME MIDDLE INITIAL		INSTRUCTOR APPROVAL CODE  O – Class is full - overload student R – Student may admit/register for course V – Variable credit – instructor must provide # of cr. A – Student may audit course W – Waive course or program requisites	
		(che	DROP*	COURSE TITLE	CLASS#
Adding cla Students	registering after	for Classes ult in additional tuition and fees. You ar er the due date must pay full tuition ar g dropped for non-payment.			
f you rece	eive financial a	ng from Classes aid, veterans' benefits, or other tuition a your financial assistance and eligibility		mended you check with your fu	nding office to find
	& Fee Update				
		le may result in additional tuition and fe est is processed. You may view your ac			
Refunds All refund:		ewed. Please allow 2-3 weeks for proc	essing.		
or actual ph discharged Associate \ Addington,	nysical or menta veteran or milita /ice President fo Manager of Stu	TATEMENT: Clover Park Technical Collegal disability, pregnancy, genetic information, ary status, or use of a trained guide dog or by Human Resources & Culture, 253-589-5 dent Disability Services, 253-589-5755, sa 18499. Non-discrimination statement is available.	sex, sexual orientation, service animal. For inqui 533, james.neblett@cptcrah.addington@cptc.edu.	gender identity, marital status, creeries, please contact Title IX coordinted, or Section 504/disability coordinted. All offices are located in Building	ed, religion, honorably nator James Neblett, rdinator Sarah 17, 4500 Steilacoom
have rea	ad the inform	nation above and have returned a	ll college owned ec	quipment, books, and/or s	upplies.