



REGISTRATION TRANSACTION CLASS ADD/DROP FORM

Please indicate the campus where you plan to add/drop classes:

Spokane Community College (SCC)
 Registration Office MS 2151
 1810 N Greene St | Spokane WA 99217-5399
 SCC.Reg-Office@scc.spokane.edu

Spokane Falls Community College (SFCC)
 Admissions Office MS 3011
 3410 W Whistalks Way | Spokane WA 99224-5288
 SFCC.Admissions@sfcc.spokane.edu

Directions: Complete this form to make changes to your credit class schedule. Return the completed and signed form to the college by email, fax, mail or in person. Please allow 2-3 business days processing time before viewing your schedule in ctcLink. Changes to your name or address may be completed in your ctcLink Student Center or by submitting a [Name and Mailing Address Change form](#) To add a class after the quarter has begun, please access the [Late Enrollment Request form](#) for permission to enroll.

Quarter of registration: Summer Fall Winter Spring Year 20

Full legal name _____ Last First M.I. ctcLink Identification Number (###-###-###) _____

REGISTER OR ADD	4 or 5-Digit Class Number (example: 12345)	Subject (example: ENGL&)	Number (example: 101)	Credits	Audit (enter "A" to audit)	Office Use Only. Added to waitlist	Prerequisite override signature or permission code by counselor or instructor	Instructor signature to override class capacity (must also have Division Dean approval for online classes).	Date	Division Dean signature to override online class capacity (must also have instructor approval).	Date

DROP	Number	Subject	Number	Section	Credits	Instructor authorization to drop (Instructor signature may be required to drop some classes)	Student Signature				
							By signing this form, you agree to pay all charges that result from the processing of this request.				
							Signature _____ Date _____				

FOR OFFICE USE ONLY

Service Indicator _____	Date _____	Registration Transaction Entered	
Override signature _____	Date _____		Initial _____ Date _____
Advisor signature _____	Date _____		