



# REGISTRATION TRANSACTION CLASS ADD/DROP FORM

Quarter of registration:

Summer  Fall  Winter  Spring - Year 20\_\_\_\_\_

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

SCC  SFCC

Full legal name \_\_\_\_\_  
Last First M.I.

ctcLink Identification Number 

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Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

REGISTER OR ADD	4-Digit Class Number (example: 1234)	SUBJECT (ENGL& WELD)	NUMBER (101 113)	Credits	Audit <sup>2</sup>	Added to class waitlist	Prerequisite: counselor or instructor override signature or permission code	3rd-5th day of the quarter instructor signature required to add a class <sup>3</sup>	Instructor signature required to override class capacity (dept dean approval also required for online classes).	Date	1 <sup>st</sup> Date of Attendance	SCC ONLY Permission from VP of Instruction to add a class after the 5th day of the quarter <sup>4</sup>	Date

DROP <sup>1</sup> Instructor signature is not required to drop classes	Number	SUBJECT	NUMBER	Section	Credits	FOR OFFICE USE ONLY							
							Service Indicator _____ Date _____				Registration Transaction Entered		
						Override signature _____				Initial _____ Date _____			

<sup>1</sup> To drop ALL classes, complete the *Official Withdrawal Form*. See the important dates online for complete refund information. Short-course/Dynamic-Dated refund dates are pro-rated. Refunds are processed by the Business Office and take 10 working days to complete.  
<sup>2</sup> Audit: If you do not wish to earn credit or receive a decimal grade, put an "A" in the "Audit" column indicating you wish to audit the class. Financial Aid will not pay for classes that are audited.  
<sup>3</sup> Instructor signature required to add a class from 3rd through 5th day of the quarter. Last day of adding a class is the 5th day of the quarter.  
<sup>4</sup> **SCC ONLY** Adding classes beyond the 5<sup>th</sup> day of the quarter must have instructor AND VP of Instruction signature.

Student signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_