



**ENROLLMENT SERVICES**  
**CENTRALIA COLLEGE**  
 600 Centralia College Blvd  
 Centralia WA 98531  
 360.623.8976  
 admissionscc@centralia.edu

# CLASS REGISTRATION FORM

Term:  Summer  Fall Year \_\_\_\_\_  
 Winter  Spring

\_\_\_\_\_  
 CTCLink ID# Last Name First Name Middle Initial

\_\_\_\_\_  
 Student SSN

Your social security number is confidential and, under a federal law called the Family Education Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. Disclosure of your SSN# is in compliance with state/federal requirements. Disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research. Failure to submit your social security number may result in a financial penalty by the Internal Revenue Service.

\_\_\_\_\_  
 Mailing Address Previous Name (if applicable)

\_\_\_\_\_  
 City State Zip Day Phone

\_\_\_\_\_  
 Email Address Birthdate Evening Phone

|   |             |                        |                                  |   |
|---|-------------|------------------------|----------------------------------|---|
| <b>DROP CLASSES</b>   | <b>CODE</b> | <b>COURSE DESC/SEC</b> | <b>CR</b>                        | <b>Instructor Signature (as needed)</b> |
|   |             |                        |                                  |   |
|   |             |                        |                                  |   |
|   |             |                        |                                  |   |
|   |             |                        |                                  |   |
|   |             | TOTAL                  |                                  |   |
| Financial Aid Signature<br>(Required for complete withdrawal) |             |                        | Advisor Signature<br>(as needed) |   |

|                    |   |                        |                    |   |                                      |
|--------------------|---|------------------------|--------------------|---|--------------------------------------|
| <b>ADD CLASSES</b> | <b>CODE</b>                             | <b>COURSE DESC/SEC</b> | <b>CR</b>          | <b>Instructor Signature (as needed)</b> |                                      |
|                    |   |                        |                    |   |                                      |
|                    |   |                        |                    |   |                                      |
|                    |   |                        |                    |   |                                      |
|                    |   | TOTAL                  |                    |   |                                      |
|                    | Variable Credit Class Change only below |                        |                    |   |                                      |
|                    | <b>CODE</b>                             | <b>CLASS DESC</b>      | <b>CREDIT FROM</b> | <b>CREDIT TO</b>                        | <b>Advisor Signature (as needed)</b> |
|                    |   |                        |                    |   |                                      |

**A. Program/Degree Seeking**  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

DATE \_\_\_\_\_ STUDENT SIGNATURE REQUIRED \_\_\_\_\_