

# REGISTRATION FORM (Add/Drop/Withdraw)



CLARK COLLEGE  
 Enrollment Services Office, Gaiser Hall  
 1933 Fort Vancouver Way, Vancouver, WA 98663-3598  
 Phone: 360-992-2107 | E-mail: enroll@clark.edu

### FOR OFFICE USE ONLY

First Reg

Change

Initials \_\_\_\_\_

**You must answer the questions on the back of this form if this is your first registration for the term.**

Circle term of registration: **Summer**    **Fall**    **Winter**    **Spring**    Year: 20 \_\_\_\_

Print clearly using blue or black ink	Student ctclink ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Last Name							First Name							Middle Initial				
	Mailing Address					Apt No.			City					State			Zip Code		
	Preferred e-mail address							Preferred Phone Number							Date of Birth				

Social Security Numbers are used for limited purposes as authorized under state law SB5509. To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship Lifetime tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

ADD					Faculty Initials to indicate reason for consent						
Class Number	Dept.	Course Number	Section	Units	Faculty/Advisor Signature or Permission Code	Permission Code	Overload	Prereq. Override	Time Conflict OK	Audit	Pass/No Pass
2345	ENGL&	101	B	5	e x a m p l e						

*Financial Aid recipients who are changing their credit loads should contact the Financial Aid Office before submitting this form.*

DROP/WITHDRAW				
Class Number	Dept.	Course Number	Section	Units

**FOR OFFICE USE ONLY**

Term: \_\_\_\_\_

Units: \_\_\_\_\_

Refund:     100%     50%     0%

Comments:

Reason for dropping/withdrawing (optional):     Medical     Family     Financial     Academic     Work

**➔ STUDENT SIGNATURE** (required for all transactions)

***For each question, select the number that best applies.***

**1. How will your coursework relate to your current or future work?**

- Gain skills for new job career
- Gain skills for current job/career
- Improve skills for a career change
- This question does not apply to me
- My coursework applies to my current or future work in other ways

**2. Based on the previous question, how would you define your goal for attending Clark College this term?**

- I'm taking courses to gain skills for new/future work
- I plan to transfer to a four-year college/university
- I would like to earn a high school diploma
- I'm exploring a new career direction
- None of these apply

**3. How long do you plan to attend Clark College?**

- One term
- Two terms
- One year
- One to two years
- Long enough to earn a degree/certificate
- I'm unsure
- Other \_\_\_\_\_

**4. What is your current work status?**

- Full-time homemaker
- Employed full-time
- Employed part-time off campus
- Employed part-time on campus
- Unemployed but seeking employment
- Unemployed and not seeking employment
- Other \_\_\_\_\_

**5. What is the highest level of education you have completed?**

- Less than high school graduate
- GED
- High school graduate
- Some post high school, no degree or certificate
- Certificate
- Associate's degree
- Bachelor's degree or above
- Other \_\_\_\_\_

**6. What is your family status?**

- Single parent with children/dependents
- Couple with children/dependents
- Without children/dependents
- Other \_\_\_\_\_

*The questions below are the result of a student-led initiative from the Washington Community and Technical College Legislative Voice Academy to enhance programs and services, track student progress, and promote safe and inclusive learning environments for all students.*

**7. What is your**

**sexual orientation?**

- Bisexual
- Gay
- Lesbian
- Queer
- Straight/Heterosexual
- Other \_\_\_\_\_
- Prefer not to answer

**8. What is your**

**gender identity?**

- Feminine
- Masculine
- Androgynous
- Gender neutral
- Transgender
- Other \_\_\_\_\_
- Prefer not to answer

**FOR ADVISOR USE**

Program/Plan Stack \_\_\_\_\_

Advisor signature for +20 units \_\_\_\_\_

Advisor signature for ASP \_\_\_\_\_

**REGISTRATION REMINDERS & STUDENT RESPONSIBILITIES**

- Students who enroll in six units or more for the term may purchase accident/sickness insurance at the Cashier's Office after registering.
- Donations to the Clark College Foundation may be made at the Cashier's Office.
- The Refund Policy can be found at [www.clark.edu](http://www.clark.edu).
- Students are responsible for making changes to their enrollment. Students who are waitlisted for classes will automatically be registered in the classes if space becomes available. Students who do not become registered through the waitlist must make other scheduling arrangements.
- Students are responsible for understanding enrollment. They should print and keep copies of their class schedules, note when and where classes are taught, note online classes and courses with an online component.

*Clark College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, gender expression, creed, disabled veteran status, martial status or Vietnam-era veteran status in its programs and activities.*