



**CENTRALIA  
COLLEGE**

# Schedule Change Form

600 Centralia College Blvd, Centralia, WA 98531 | Phone (360) 736-9391 or 753-3433 (Toll free from Olympia)

WHEN COMPLETING ONLINE, PLEASE PRINT A COPY FOR YOUR RECORDS

add/drop  complete withdrawal

See college catalog or current quarter class schedule for refund policy. Refunds will be mailed. Credit card refunds will be credited directly to the account.

Student ID Number \_\_\_\_\_ Quarter of Registration  Summer  Fall  Winter  Spring 20\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

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

Reason for Withdrawal:

Job  Financial  Personal  
 Relocation  Illness  Other

Cashier's Validation

**DROP** After 35th day of the quarter, take form to instructor for WP, WF grade

CODE	DEPT/COURSE	SEC	CR	INSTRUCTOR'S SIGNATURE	GR	COMPLETE WITHDRAWAL REQUIRED SIGNATURES
						Financial Aid
						Library

**ADD** Instructor's signature required between the third and tenth day of the quarter

CODE	DEPT/COURSE	SEC	CR	TIME	M	T	W	TH	F	S	ROOM	INSTRUCTOR

Variable credit class-credit change only

CODE	DEPT/COURSE	CREDIT FROM	CREDIT TO

Refund \_\_\_\_\_ %

Office Use Only

Total credits before change \_\_\_\_ Processed by \_\_\_\_\_  
 Total credits after change \_\_\_\_ Date \_\_\_\_\_

The information provided on this form is true to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_