



**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 _____