



CENTRALIA COLLEGE

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

Schedule Change Form

USE BALL POINT PEN (PLEASE PRINT) • PRESS HARD • THE LAST COPY IS YOUR COPY

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

DROP Instructor's signature required after the 35th day to the quarter

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

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

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

Variable credit class-credit change only

CODE	DEPT/COURSE	CREDIT FROM	CREDIT TO

Cashier's Validation

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 _____