



SCHEDULE CHANGE FORM

ENROLLMENT SERVICES
 2nd floor, TransAlta Commons Building
 600 Centralia College Blvd, Centralia WA 98531
 P: 360.623.8976 F: 360.330.7112
 admissions@centralia.edu

add/drop complete withdrawal

See college catalog or current quarter class schedule for refund policy. Refunds will be returned to the funding source.

Student ID Number _____ Quarter of Registration: Summer Fall Winter Spring 20____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____ Phone _____

Cashier's Validation

DROP After 35th day of the quarter, contact instructor for WP, WF grade

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

ADD Instructor's permission required between the fourth and tenth day of the quarter

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

Refund _____ %

Variable credit class-credit change only

CODE	DEPT/COURSE	CREDIT FROM	CREDIT TO

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 _____