

Fall _____
 Winter _____
 Spring _____
 Summer _____
 CCC Student ID Number or SSN* _____

Full Name* _____ Birthdate* _____

Phone* _____ Email* _____
(If no changes, write SAME) *(If no changes, write SAME)*

Address* _____ ***Indicates required field**
(If no changes, write SAME) Address City State Zip

ADD CLASSES

Course Number (e.g. PSY 201)	Course Section Number (e.g. 01)	Course Title (e.g. Psychology as a Natural Science)	Grading Option (A-F, P/NP, or Audit)	Credits	Instructor/Advisor Signature (required after course has begun, to waive requisites, or as otherwise noted)

DROP CLASSES

Course Number (e.g. PSY 201)	Course Section Number (e.g. 01)	Course Title (e.g. Psychology as a Natural Science)	Grading Option (A-F, P/NP, or Audit)	Credits

CHANGE GRADE OPTION

Course Number (e.g. PSY 201)	Course Section Number (e.g. 01)	Course Title (e.g. Psychology as a Natural Science)	Grading Option (A-F, P/NP, or Audit)	Credits

By signing this form, you agree to all CCC policies and procedures including financial liability. If you fail to pay on time and CCC refers your account(s) to a third party for collections, a collection fee of up to 25% of the debt or the maximum percentage allowed by applicable law will be added to your balance due. CCC will add these fees to your balance due, and they will be due no earlier than 60 days after the date your payment is due and prior to referring your account to a collection agency. You will be held academically and financially responsible for all classes.

* _____
Signature *Date*

OFFICE USE ONLY

EMAIL: registration@clackamas.edu
FAX: 503-722-5864
IN PERSON: Enrollment Services, Roger Rook Hall Lobby
MAIL: Enrollment Services, Clackamas Community College, 19600 Molalla Ave, Oregon City, OR 97045-7998