

Registration Form

Student Name _____
 Last (Surname) First Middle

ctcLink ID Number _____ Birthdate ____ - ____ - ____ (MM-DD-YYYY)

Did your email address, phone number, or home address change?

➤ If yes, make changes online via your ctcLink profile.

SUM FALL WTR SPR 20__

What is your program/plan of study? I know my plan code. It is: _____
 I do not know my plan code, but I plan to study: _____
 If possible, provide the plan code for your specific certificate/degree (i.e. LASDTAA) I am undecided on my plan of study, but I plan to do a transfer [ACADM] non-transfer program [PRFTC]
 I do not have a program or are completely undecided. [NOAWS]

	CLASS NUMBER (5-DIGITS)	SEC.	DEPARTMENT ABBREVIATION	CATALOG NO. (3-DIGITS)	UNITS (CREDITS)	OFFICE USE ONLY	Permission Number / Instructor's Signature / Comments
	9, 8, 7, 6, 5	02	ENGL	1, 0, 1	5	Example	If needed, provide instructor permission
ADD							
DROP						- *	I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON RCW 9A.72.085 THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS FORM ARE TRUE AND CORRECT. _____ STUDENT SIGNATURE DATE
						- *	
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All important information from the college goes through email. Make sure your ctcLink account has your correct email address.

Use reverse side for notes, if needed.