

## Registration Add/Drop Form Complete and Submit to Registration, Building 6 Do Not Use Pencil

Registration Office, MS 6-4 (206) 592-3242 E-mail: registration@highline.edu

## PLEASE USE INK ONLY

Last Name		First Name		Middle Initial	ctcLinkID		
Previous Last		Day Phone		Date of Birth			
Name(s)Number an <u>d</u>			Apt #	City	St	ateZip	
Street E-mailAddress		@students.highline.edu Qua	rter: 🔘 <u>Summe</u>	<u>r</u> () <u>Fall</u> ()	Winter Spring Year	:	
What is your goal for attending college? Select one: Taking Ocourses related to current or future work (11) OTransfer to 4-year school (12) High school diploma or GED (13) Explore career direction (14) Personal enrichment (15) Other (90)		The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality. What is your sexual orientation? Bisexual(72) Gay(99) Lesbian(21) Queer(28) Straight/Heterosexual(23) Other(01) Prefer not to answer(57) What is your gender identity? Feminine(22) Masculine(77) Androgynous(52) Gender Neutral(35) Transgender(27) Other(01) Prefer not to answer(57)					
Over 18 Credit Authorization		Advisor Name		Advisor Signature			
ADD: List classes you are adding		Total Credit Before Change		т	otal Credit After Change		
Item Number	Course Name and Number	List # Credits Added	Check for Audit or waiver	Instructor signature to your class and me	authorizes student to be added ets pre-requisites.	Class Entry Code	

## DROP: List the classes you are dropping. Financial aid students, check with that office to avoid negative outcomes.

Item Number	Course Name and Number	List # Credits Dropped Check if variable credit class	Instructors' Signature (if required)

Student Signature (authorizes Highline to add/drop classes as listed above)

**Date Signed** 

**Registration Staff Use Only**