



Walla Walla Community College

Add/Drop Class Form (Registration Form)

Student Information

Last Name _____ First Name _____ Middle Initial _____

Student Identification Number (SID) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email address _____ Phone number _____

By signing below, you are granting an Office of Admissions staff member permission to add or drop your class(es). In addition, you acknowledge that you have talked to your funding source (for example, Financial Aid) regarding how adding or dropping a class may affect your funding, if applicable.

Student Signature _____ Date _____

IF REQUIRED: Advisor name _____ Advisor Signature _____

Student Intent (Check ONE)

- B—Academic Transfer
- D—High school completion/Career and Academic Prep (CAP)
- F—Professional/Technical program
- J—Improving current job skills
- L—Non-Degree Seeking

What is your main long term goal for attending WWCC? (Check ONE)

- 11—Take courses related to current or future work
- 14—Explore career direction
- 12—Transfer to a four year college
- 15—Personal enrichment
- 13—High school diploma or GED
- 90— Other _____

Courses to Add/Drop

Check option that applies			Item Number	Course ID	Credits	Special Permission (Instructor Signature)	Prerequisite Override (Dept. Chair Signature)
Add	Drop	Audit					
x			Example: 1901	Example: CE 110	Example: 3		
						INSTRUCTOR USE ONLY.	

OFFICE USE ONLY

YRQ: _____ STAFF INITIALS: _____ DATE: _____

Demographic Information Complete only ONCE per Quarter

1. How long do you plan to attend Walla Walla Community College? (Select one)

- 11 One Quarter
- 12 Two Quarters
- 13 One Year
- 14 Up to two years, no degree planned
- 15 Long enough to complete a degree
- 16 Do not know
- 90 Other (Indicate): _____

2. What is your work status while attending college? (Select one)

- 11 Full-time homemaker
- 12 Full-time employment (including military)
- 13 Part-time employment, off campus
- 14 Part-time employment, on campus
- 15 Not employed, but seeking employment
- 16 Not employed, not seeking employment
- 90 Other (Indicate): _____

3. What is your prior level of education at entry to Walla Walla Community College? (Select one)

- 11 Less than high school graduate
- 12 GED
- 13 High School graduate
- 14 Some post high school, but no degree or certificate
- 15 Certificate (less than two years)
- 16 Associate's Degree
- 17 Bachelor's Degree or above
- 90 Other (Indicate): _____

4. What was your family status when you started at Walla Walla Community College?

Were you... (Select one)

- 11 A single parent with children or other dependents in your care
- 12 A couple with children or other dependents in your care
- 13 Without children or other dependents in your care
- 90 Other (Indicate): _____

OFFICE USE ONLY

STAFF NAME: _____

COMMENTS: _____

Walla Walla Community College is committed to provide equal opportunity and non-discrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990, and any other applicable Federal and Washington State laws against discrimination. For further information call TDD (509) 527-4412.