

Class Registration Request Form

To request permission and for faculty to provide approval to enrollment in a class.

Student Information

Last Name	First Name	Middle Initial
ctcLink ID Number	Email	
Birthdate MM-DD-YYYY	Student Signature	Date
Students: You can either submit this email the completed form to the inst	form (with instructor's permission) in person a ructor for approval.	at the Kodiak Corner Front Counter or
•	oply and provide a signature in the Instructor S	• • • •

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Fall

Winter

Spring

Year

Student Completes This Section		Instructor Approval Select Over Enroll and/or Late Add		Instructor Signature		
Class Number	Course Name	Course Number	Section	Over Enroll	Late Add	Electronic signature or email approval from instructor mustbeforwarded to <u>enrollment@cascadia.edu</u>
EXAMPLE		EXAMPLE		EXAMPLE		
4813	ENGL&	101	02			Kodiak Bear

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