



Registration & Change Form

Term: Fall Winter Spring Summer Year: _____

Student ID Number: **G** _____ Date of Birth: _____ Gender: _____

Name: _____
Last First MI

Mailing Address: _____
Street Apt # City State ZIP

Telephone Number: _____
Day Evening

1. Check here if this is a new address or phone 2. Check here if change of major: _____

STUDENT SIGNATURE REQUIRED: _____ **Date:** _____

Your enrollment with Portland Community College signifies your consent to, and acceptance of, all policies and procedures governing your enrollment, including financial liability. If you fail to remit payment when due, you promise to pay to PCC all reasonable costs for collections, including collection agency fees.

REGISTRATION ADDS				ONLY COMPLETE THIS SECTION IF AN OVERRIDE IS NEEDED	
CRN	Course No.	Course Title	Grading Option	Instructor to Check All Approved Overrides	Instructor Signature Required for Overrides
			<input type="checkbox"/> A - F <input type="checkbox"/> P / NP	<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Waitlist	
			<input type="checkbox"/> A - F <input type="checkbox"/> P / NP	<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Waitlist	
			<input type="checkbox"/> A - F <input type="checkbox"/> P / NP	<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Waitlist	
			<input type="checkbox"/> A - F <input type="checkbox"/> P / NP	<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Waitlist	

Overrides: **Late Add** - Authorization to override the class limit or register AFTER the first class session. **Department Approval** - Student has passed required departmental placement, testing, or screening. **Waitlist Add** - The student is on the waiting list and has instructor permission to register for the class.

REGISTRATION DROPS		
CRN	Course No.	Course Title

Grading Options

You must select the type of grade you would like to receive in each course you take. If you do not specify, the default option for that course will be selected. Audit requires the instructor's signature in the space below. For more information visit: www.pcc.edu/grades.

PREREQUISITE OVERRIDE			
CRN	Course No.	Course Title	Instructor Signature Required for Prerequisite Overrides

Students who have not met prerequisites for the course(s) listed in the Registration Adds section must receive authorization from the instructor(s) in order to register. Complete the course information in the boxes above, obtain the instructor's signature for each CRN, and return this from to any PCC Admissions & Registration Office for processing. A signature in the Registration Adds section of this form is not enough to override prerequisites.

AUDIT PERMISSION			
CRN	Course No.	Course Title	Instructor Signature Required for Permission to Audit