



STUDENT REGISTRATION FORM

Use this form to register for a class, make a schedule change, audit or repeat a class more than three times.

TO BE COMPLETED BY THE STUDENT:

Quarter: Summer Fall Winter Spring Year: _____ ctcLink Student ID: _____

Last Name: _____ First Name: _____ MI: _____

Cell Phone #: _____ Email: _____

CLASS #	COURSE NAME	# OF CREDITS	PUT AN "X" IN THE APPROPRIATE BOX		INSTRUCTOR APPROVAL (INITIAL AND DATE)			INSTRUCTOR SIGNATURE
			ADD	DROP	AUDIT	TIME CONFLICT	DATE	

Over 3X Repeat Approval Completion Coach Signature: _____ Date: _____

LIMITATION OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to tuition and expenses paid by the student to the college for those classes or programs. In no event shall the college be liable for any special indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits.

FINANCIAL AID DISCLAIMER: I wish to make a change to my schedule as noted above and understand that making this change may affect my financial aid in adverse ways (ie: loss of future financial aid, owe money back to the College, etc). I further understand that I should speak with a Hawk Central Specialist prior to processing.

Student Signature: _____ Date: _____

For Official Use Only

Processor Signature: _____ Date: _____

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