

## Office of the Registrar

## **Enrollment Change Request**

OTR@greenriver.edu | (253) 288-3383 | 12401 SE 320th St., Auburn, WA 98092 Submit in person or online at greenriver.edu/upload | greenriver.edu/OTR

## **Instructions**

Submit this form to the Office of the Registrar to complete the enrollment process. Ensure all information on this form is completed for your request to be processed.

Please review the <u>Academic Calendar</u> for quarterly deadlines for enrollment changes.

Student Information							
Name:							
Last				First			M.I.
ctcLink ID:							
Quarter:	Summer	Fal	' [	Winter	Spring	Year: _	
Class(es) to add							
Class Number (ex. 20720)	Class Number Class Name Permission			Instructor's Printed Name and Signature			
Class(es) to drop							
Class Number (ex. 20720)				Class Name (ex. ACCT 110)			
Student Signature							
						5.	
Signatu	re:					Date:	
Office use only Processed		oy:			Date:		

This document is available in alternative formats to individuals with disabilities by contacting Disability Support Services at 253-931-6460; TTY 253-288-3359; or by email at <a href="mailto:dss@greenriver.edu">dss@greenriver.edu</a>.