



# Registration & Change Form

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: \_\_\_\_\_

Student's ID Number: **G** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street Apt # City State ZIP

Telephone Number: \_\_\_\_\_  
Day / Evening

☐ Check here if this is a new address or phone Date of Birth: \_\_\_\_\_

☐ Check here if Change of Major: \_\_\_\_\_

## STUDENT SIGNATURE REQUIRED

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	Instructor to Check All Approved Overrides*	Instructor Signature Required for Overrides
			<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Wait List	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Wait List	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Wait List	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Department Approval <input type="checkbox"/> Add from Wait List	

REGISTRATION DROPS		
CRN	Course No.	Course Title

\***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.  
**Wait List Add** - The student is on the waiting list and has instructor permission to register for the class.

## Prerequisite Override

Students who have not met prerequisites for the course(s) listed above must receive authorization from the Instructor(s) in order to register. Complete the course information below, obtain the Instructor's signature for each CRN, and return this form to any PCC Admission & Registration Office for processing.

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