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 form (with instructor's permission) in person at the Kodiak Corner Front Counter or email the completed form to the instructor for approval.

Faculty: Please check all boxes that apply and provide a signature in the **Instructor Signature** section. *If you are signing electronically, you must send this form to* enrollment@cascadia.edu *from your cascadia.edu email account.*

Summer ☐ **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 must be forwarded to enrollment@cascadia.edu
EXAMPLE				**EXAMPLE**		**EXAMPLE**
4813	**ENGL&**	**101**	**02**	✔	✔	*Kodiak Bear*
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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