



Registration

Use this form to add classes before the term begins

CCC ID#

Email

Last Name (Full Legal Name)

First Name

M.I.

Date of Birth

Please fill the following grid completely.

TERM	COURSE	SECTION	CREDIT/AUDIT

*If you are under 18, additional permissions are required before you can register for class.

Information on this form regarding enrollment and your name is used in student directory information. Directory information may be released by the College without written authorization. If you wish to not have your information released without your permission you can fill out a **Directory Exemption** form at the Student Services Welcome Center.

Student Signature: _____

Date: _____

Submit Completed Form:

In Person: Student Services Welcome Center, Columbia 109 | (503) 338-2411

Mail: Welcome Center, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103

Email: registration@clatsopcc.edu