



**CLOVER PARK TECHNICAL COLLEGE  
OFFICIAL COURSE / PROGRAM  
ADD / WITHDRAWAL**

Student ID# \_\_\_\_\_ Year/Quarter \_\_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening or Message Phone \_\_\_\_\_

<b>ARE YOU?</b>	
<input type="checkbox"/>	L&I or VOC REHAB
<input type="checkbox"/>	Financial Aid
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Running Start/EHS*
	*Advisor's Signature Required
_____	
Advisor's Signature	

**CLASS ADD**

Item #	Class Title	Time

PROGRAM /  CLASS WITHDRAWAL (Please select one)

Item #	Class Title	Last Day In Class

**Please check reason for leaving this course (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Child Care                               | <input type="checkbox"/> 9 My chosen occupation did not require more training |
| <input type="checkbox"/> 2 Completion of a modified course of study | <input type="checkbox"/> 10 Personal problems                                 |
| <input type="checkbox"/> 3 Financial                                | <input type="checkbox"/> 11 Transfer to another college or school             |
| <input type="checkbox"/> 4 Graduation from program                  | <input type="checkbox"/> 12 Transfer to another program                       |
| <input type="checkbox"/> 5 Language difficulties                    | <input type="checkbox"/> 13 Transportation                                    |
| <input type="checkbox"/> 6 Medical                                  | <input type="checkbox"/> 14 Working – not related to training                 |
| <input type="checkbox"/> 7 Military duty (Petition required)        | <input type="checkbox"/> 15 Working – related to training                     |
| <input type="checkbox"/> 8 Moved                                    | <input type="checkbox"/> 16 Other _____                                       |

**I have returned all college owned equipment, books, and/or supplies.** \_\_\_\_\_ (Student's initials)

Student Signature (Official Add or Withdrawal) \_\_\_\_\_ Date \_\_\_\_\_ Advisor/Counselor Signature (Withdrawal) \_\_\_\_\_