EDMONDS COLLEGE

Registration Form

Student Name _____ _____ _____
  Last (Surname) First Middle

ctcLink ID Number ___ ___ ___ ___ ___ ___ ___ ___ ___ **Birthdate** __ __ ‾ __ __ ‾ __ __ __ __ (MM-DD-YYYY)

Did your email address, phone number, or home address change?

➢ If yes, make changes online via your ctcLink profile.

☐ SUM ☐ FALL ☐ WTR ☐ SPR **20** ___

What is your program/plan of study? If possible, provide the plan code for your specific certificate/degree (i.e. LASDTAA)	☐ I know my plan code. It is: _____ ☐ I do not know my plan code, but I plan to study: _____ ☐ I am undecided on my plan of study, but I plan to do a ◯ transfer [ACADM] ◯ non-transfer program [PRFTC] ☐ I do not have a program or are completely undecided. [NOAWS]

	CLASS NUMBER (5-DIGITS)	SEC.	DEPARTMENT ABBREVIATION	CATALOG NO. (3-DIGITS)	UNITS (CREDITS)	OFFICE USE ONLY	Permission Number / Instructor's Signature / Comments
ADD	9 8 7 6 5	02	ENGL	1 0 1	5	Example	If needed, provide instructor permission

						– *	I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON RCW 9A.72.085 THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.
DROP						– *	
						– *	
						– *	_____ _____
						– *	STUDENT SIGNATURE DATE
						– *	
						– *	

All important information from the college goes through email. Make sure your ctcLink account has your correct email address.

☐ Use reverse side for notes, if needed.

Rev. 10/2/2024