



# GRAYS HARBOR COLLEGE



## Add/Drop Form Running Start

SID #	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	20_____
Last Name	First Name	Middle Initial		Day Phone	
Address	City	State	Zip	Evening Phone	

### ADD COURSE(S)

Item Number	Dept.	Course Number	Sec.	Credits	Audit	Permission/Entry Code for Prerequisite	Overload Instructor Signature	Instructor Signature

### DROP COURSE(S)

Item Number	Dept.	Course Number	Sec.	Credits	Instructor Signature (Only needed after the first 10 days)

<b>Fall, Winter &amp; Spring</b> 100% <i>refund</i> , on or before, 5th day of quarter. 50% <i>refund</i> on 6th day of class and with 20 calendar days.	<b>Summer</b> 100% <i>refund</i> , on or before, 3rd day of Quarter 50% <i>refund</i> on 4th day of class and within 15 calendar days.
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only		
FEE CODE	REIM. CODE	AMOUNT
<b>REFUND</b>	<b>ORIGINAL RECEIPT</b>	<b>AUTHORIZATION</b>
100 / 50 / 0		

\_\_\_\_\_  
High School Advisor Signature      Date

\_\_\_\_\_  
Running Start Advisor Signature      Date

Total Credits: Before \_\_\_\_\_ After \_\_\_\_\_

Registration \_\_\_\_\_ Date \_\_\_\_\_

Bus. Office \_\_\_\_\_ Date \_\_\_\_\_

REFUND CHECK      BY