

GRAYS HARBOR COLLEGE



Add/Drop Form Running Start

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

<p style="text-align: center;">Fall, Winter & Spring</p> <p>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.</p>	<p style="text-align: center;">Summer</p> <p>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.</p>
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Student Signature: _____ Date: _____

Office Use Only		
FEE CODE	REIM. CODE	AMOUNT
REFUND	ORIGINAL RECEIPT	AUTHORIZATION
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**