



Registration Form

Enrollment Services · Building 3 · 7390 South Sixth Street ·
Klamath Falls, OR 97603

Last Name	First Name	Student ID

Term	Year	High School	Grad Date

Degree-Seeking: _____ Casual Credit: _____

Course	Num.	Sec.	Course Details	Credits
CGS	100	01		3
Total Credits				

Registration Form - Back

Disabilities Statement

KCC is committed to providing educational opportunities for all students. Any person with a documented disability who wishes to register for a course may choose to contact Enrollment Services (541) 882-3521 to discuss accommodations. It is recommended that you schedule an appointment as early as possible, but no later than one week prior to the start of the term. The Disabilities Coordinator will coordinate appropriate accommodations that are compliant with the law. Disclosure of disabilities to KCC is voluntary; however, the student is required to submit medical documentation in order to receive accommodations.

Add/ Drop/ Withdraw Statement

If you add, drop, or withdraw from a class, you must make a formal change by submitting a completed Add/Drop/Withdraw form to Enrollment Services by the published deadline for the current term. After the published deadline, you are both financially and academically responsible for all courses in which you are enrolled. Attendance is expected in all classes the first week of the term. If you do not attend all the class sessions scheduled for a class the first week, you may be administratively dropped from that class. However, if the instructor does not drop you, you are not released from your grade or financial obligations unless you process the appropriate request. If you are administratively dropped from a class, you must have the instructor sign an Add/Drop/Withdraw and you must submit it to Enrollment Services during the Add/Drop period to be re-admitted to that class. If you do not formally re-add the class during the Add/Drop period you will not be allowed to attend that class during that term.

Information Statement

I hereby certify that I have provided complete and accurate responses to the items on this form. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.

To ensure efficient service and effective communication, I authorize school officials from Klamath Community College to share information from my educational record for the purposes of admission, class registration, class scheduling, prerequisite checks, retention, financial aid, billing, grade recording, transcripts, and degree audits.

Student Signature

Date

Office Use Only	
Received by: _____	Date: _____