

# Stark State College

## Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720

(330) 494-6170 | Fax-(330) 966-6598

www.starkstate.edu | studentservices@starkstate.edu

### REGISTRATION SCHEDULE CHANGE FORM - ADD, DROP, OR WITHDRAWAL

*please print in blue or black ink only*

Student Name \_\_\_\_\_ SSC Student ID \_\_\_\_\_ CCP Student

Enrollment Term:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_ Date of Birth \_\_\_\_\_  
year year year

The college reserves the right to cancel a course, divide a class, change the time, change instructors, and/or change tuition and fees when necessary. The student is responsible for any impact these changes may have on tuition costs, financial aid, and/or academic progress. **This form must be submitted to Gateway Student Services for processing within five business days of the approval signature date.**

Action	CRN	Subject	Number	Course Title	CrHr	Audit
<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> WD						
Special Permission: <input type="checkbox"/> Pre-req override <input type="checkbox"/> Override seat limit <input type="checkbox"/> Re-register NA <input type="checkbox"/> Allow Repeat <input type="checkbox"/> Spec. Program App'd						
Approval Signature(s) Required for WD & Spec. Perms.					Date	

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

CCP Counselor \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Processed Date \_\_\_\_\_ Initials \_\_\_\_\_