



Registration Add/Drop Form

Complete and Submit to Registration, Building 6

Registration Office, MS 6-4
P.O. Box 98000, Des Moines, WA 98198-9800
(206) 878-3710, ext. 3242
E-mail: regisstaff@highline.edu

Last Name _____ First Name _____ Middle Initial _____ SID

Previous Last Name(s) _____ Day Phone _____ If your address has changed, please provide current information

Number and Street _____ Apt # _____ City _____ State _____ Zip _____

E-mail Address _____@students.highline.edu Quarter: Summer Fall Winter Spring Year: 20 _____

What is your goal for attending college? Select one:

- Taking courses related to current or future work (11)
- Transfer to 4-year school (12)
- High school diploma or GED (13)
- Explore career direction (14)
- Personal enrichment (15)
- Other (90)

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality .

What is your sexual orientation?

Bisexual
 Gay
 Lesbian
 Queer
 Straight/Heterosexual
 Other
 Prefer not to answer

What is your gender identity?

Feminine
 Masculine
 Androgynous
 Gender Neutral
 Transgender
 Other
 Prefer not to answer

Over 18 Credit Authorization

Advisor Name Advisor Signature

Total Credit Before Change
Total Credit After Change

ADD: List classes you are adding

Item Number	Course Name and Number	List # Credits Added <input type="checkbox"/> Check if variable credit class	Check for Audit or waiver	Instructors' signature authorizes student to be added to your class and meets pre-requisites.

DROP: List the classes you are dropping. Financial aid students, check with that office to avoid negative outcomes.

Item Number	Course Name and Number	List # Credits Dropped <input type="checkbox"/> Check if variable credit class	Instructors' Signature (if required)

Student Signature (authorizes Highline to add/drop classes as listed above) _____ Date Signed _____

Registration Staff Use Only

Comments: _____