



OLYMPIC COLLEGE

1600 Chester Avenue, Bremerton WA 98337-1699

Registrar/Cashier Petition *Remember to save changes before closing

Student Section Quarter/Year _____ Date _____

Name _____ ctcLink ID _____

Phone _____ E-Mail _____

Item number _____ Class number _____ Class title _____

Check all that apply: Refund Class change Add Drop Total withdrawal

Other _____

Explain your request and why this exception should be approved:

I have agreed to submit this application by electronic means. By signing this application electronically, I affirm that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below I am electronically signing this form.

Student e-signature _____ Date _____

Faculty Section

Comments: _____

Student began attending my class on (date) _____ and last attended on (date) _____

Faculty e-signature _____ Date _____

Cashier & Registrar Section:

Approved Denied Contact: Student Voice Mail Email
Backdate Do not backdate Other _____ Initials _____ Date _____

Registrar's Signature _____ Date _____