

SUMMER  
FALL  
INTERSESSION  
SPRING

# COASTLINE COMMUNITY COLLEGE CHANGE PETITION

11460 Warner Avenue • Fountain Valley, California 92708-2597  
Phone: (714) 241-6176

Name \_\_\_\_\_<sup>last</sup> \_\_\_\_\_<sup>First</sup> \_\_\_\_\_<sup>M.I.</sup> \_\_\_\_\_ Student ID # \_\_\_\_\_  
Email Address: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street \_\_\_\_\_ Phone No. Day \_\_\_\_\_ Evening \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Date \_\_\_\_\_ Student Signature and/or CCC Staff Member \_\_\_\_\_

Please ADD me to the following class(es):

Section #	Course Name	Units	Enrollment Fee \$	Material Fee (if applicable) \$
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**A  
D  
D**

Please DROP me from the following class(es):

Section #	Course Name	Units	For Office Use Only
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D  
R  
O  
P**

**For Office Use Only**

Fees Paid \$ \_\_\_\_\_ Fees Owed \$ \_\_\_\_\_ Refund Due \$ \_\_\_\_\_  
Comments: \_\_\_\_\_