

Course Reservation Form
Ivy Tech Community College
Workforce & Economic Development (812) 429 - 9810

The following information is to be verified by the student. Please print legibly.

COLLEGE REFUND POLICY – NON-CREDIT

Refunds are calculated by scheduled class dates. These are student-initiated refunds that may be received as follows:

Forty-eight (48) hours before class starts: **100% Refund**

After forty-eight (48) hours before class starts: **0% Refund**

Visit www.ivytech.edu/evansville/financialaid/refund.html to review credit classes Refund Policy.

You can now register online! No paperwork needed!

Go to <http://www.ivytech.edu/evansville/wed/coned.html> and click "On Line Registration".

Date of Birth _____ Please circle one Male / Female
 Legal Last Name _____ Legal First Name & Middle Name _____
 Home Phone _____ Cell Phone _____
 Mailing Address _____
 City, State, & Zip _____
 Email Address _____
 Employer Name _____ Employer Phone _____
 Employer Address _____ City, State, & Zip _____
 How did you hear about our class? _____

Driver Education Class Location	Date/Day/Times	Fee

To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of the College to take the necessary actions to save my life. Additionally, I agree to comply with the practices of Ivy Tech. I understand that if I knowingly provide false information, my enrollment may be revoked. If for any reason my fees and charges are not paid for by financial aid or a third party, I promise to pay to the order of Ivy Tech Community College the full amount of the balance due upon request. It is understood that costs incurred in the collections of a delinquent account, including collection and attorney fees, shall be added to the balance of the delinquent account. It is also understood that lack of payment may result in being withdrawn and/or prohibited from registering for future terms.

In Accordance with FERPA (Family Education Rights and Privacy Act), the College will disclose/release information from the academic records of a student provided the College has on file written consent of the student. Please sign below and return to the Office of the Registrar if you consent for the College to release your educational records to a said person or persons listed on this form.

Please Print _____ Name of person to release information _____ Relationship to student _____

Please Print _____ Name of person to release information _____ Relationship to student _____

Student Signature _____ Date _____

<p>If paying via mail, please mail form & check to: Ivy Tech Community College Attn: Business Affairs 3501 First Avenue Evansville, IN 47710</p>	<p>If paying via credit card or debit card, Please fax your registration to 812.429.1495 Or Please scan/email your signed form to ccanada2@ivytech.edu. Ivy Tech does not accept American Express.</p>
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(Below for office use only)

Program Advisor Signature: _____ Date _____

Linked Number: _____ CRN: _____ Term: _____

Date/Initials
STUDENTS:

Date/Initials
EYWEN:

\$ to
BAO: