

CHANGE OF ENROLLMENT FORM

IVY TECH COMMUNITY COLLEGE OF INDIANA

Term _____

Last Name	First Name	MI	Banner ID

Do you receive V.A. benefits? Yes No	Are you receiving financial aid? Yes No
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If you are dropping a class(es) circle the number(s) which pertain to you:

- | | | |
|---|----------------------------|---|
| 1. Illness either yourself or family member | 4. Child care concerns | 7. Enrolling at another college or university |
| 2. Moving out of area | 5. Academic concerns | 8. Transportation |
| 3. Financial reasons | 6. Family responsibilities | 9. Job related |
| | | 10. Other _____ |

D R O P / W I T H D R A W A L	CRN	Course ID	Course Title	Credit Hours	Instructor's Name

A D D	CRN	Course ID	Course Title	Credit Hours	Day/Time	Instructor's Signature

Total Enrolled Credits after Drop/Add activity: _____

Student Signature Date

Instructor/Advisor Signature Date

Vice Chancellor of Academic Affairs Date
WHEN REQUIRED

Date received in Registrar's Office

Entered on line by	Date	Tuition change	Amount
		YES NO	\$
Financial Aid Award Change		Date	