CHANGE OF ENROLLMENT FORM
IVY TECH COMMUNITY COLLEGE OF INDIANA

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<th>Last Name</th>
<th>First Name</th>
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Do you receive V.A. benefits?   Are you receiving financial aid?
Yes    No   Yes    No

If you are dropping a class(es) circle the number(s) which pertain to you:
1. Illness either yourself or family member
2. Moving out of area
3. Financial reasons
4. Child care concerns
5. Academic concerns
6. Family responsibilities
7. Enrolling at another college or university
8. Transportation
9. Job related
10. Other

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<tr>
<th>CRN</th>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Instructor's Name</th>
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Total Enrolled Credits after Drop/Add activity: ____________

Student Signature    Date
Instructor/Advisor Signature    Date

Vice Chancellor of Academic Affairs    Date

Date received in Registrar's Office

Entered on line by    Date
Tuition change    Amount
YES    NO    $

Financial Aid Award Change    Date