

CHANGE OF ENROLLMENT FORM

IVY TECH COMMUNITY COLLEGE OF INDIANA

Degree _____ Program _____ Specialty _____ Term *Credit* *Non Credit*
 Campus

Last Name	First Name	MI	CO
Address	City	State	Zip

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 _____ |

	Course ID	Course Title	Credit Hours	Instructor's Name	Code
D R O P					/
					/
					/
					/
					/
					/

	Course ID	Course Title	Credit Hours	Day/Time	Instructor's Signature
A D D					REQUIRED DURING LATE REGISTRATION PERIOD

Total Enrolled Credits after Drop/Add activity: _____

Student Signature Date

Instructor/Advisor Signature Date

Dean 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	