

# CHANGE OF ENROLLMENT FORM

## IVY TECH COMMUNITY COLLEGE OF INDIANA

Term \_\_\_\_\_

Last Name	First Name	MI	Banner ID

Do you receive V.A. benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If you are withdrawing from a class(es) check the box(es) which pertain to you:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Illness either yourself or family member | <input type="checkbox"/> Child care concerns     | <input type="checkbox"/> Enrolling at another college or university |
| <input type="checkbox"/> Moving out of area                       | <input type="checkbox"/> Academic Concerns       | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Financial reasons                        | <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Job related                                |
|   |  | <input type="checkbox"/> 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	Drop or withdraw

**Instructor / PC / Dean / Advisor --- Please initial all that apply:**

- \_\_\_\_\_  Override time conflict
- \_\_\_\_\_  Student was dropped for non-attendance by mistake; student has been attending
- \_\_\_\_\_  Student was cautioned about completing class successfully (i.e., late enrollment, hasn't met pre-req, etc.)
- \_\_\_\_\_  Student was advised to contact financial aid

A D D	CRN	Course ID & Course Title	Credit Hours	Instructor's Name	Override pre-requisite	Override co-requisite	Override full course

To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of this College to take the necessary actions to save my life. I agree to comply with the practices of Ivy Tech. I understand that if I knowingly provide false information, including my social security number, my enrollment may be revoked and I may incur fines and IRS penalties. I authorize Ivy Tech Community College to report my academic progress to each other and to partner high schools and universities for the purpose of research, evaluation, or transfer opportunities. I further authorize Ivy Tech Community College to report to each other any information related to my eligibility for financial assistance, or student status. If for any reason my fees and charges are not paid for by financial aid or by a third party, I promise to pay to the order of Ivy Tech Community College the full amount of the balance upon request. It is understood that costs incurred in the collection 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 prohibited from registering for future terms.

Student Signature	Date	Instructor/Advisor Signature	Date
Vice Chancellor of Academic Affairs	Date	Program Chair/Dean Signature	Date
WHEN REQUIRED		WHEN REQUIRED	

Entered on-line by	Date	Tuition change	Amount
			\$
<b>Financial Aid Award Change</b>		<b>Date</b>	