

# CHANGE OF ENROLLMENT FORM

## IVY TECH COMMUNITY COLLEGE OF INDIANA

Term \_\_\_\_\_

Last Name	First Name	MI	Banner ID

<b>Do you receive V.A. benefits?</b> Yes                      No	<b>Are you receiving financial aid?</b> 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	