

ANOKA TECHNICAL COLLEGE ADD / DROP FORM

NAME _____ ID#/SS# _____
LAST FIRST MI

ADDRESS _____
STREET APT # CITY STATE ZIP

TERM: FALL SPRING SUMMER YEAR _____ Phone # (____) _____

| COURSE | ID # | COURSE TITLE | START DATE | # CREDITS | CIRCLE ONE | |
|--------|------|--------------|------------|-----------|------------|-------------|
| | | | | | ADD | DROP |
| | | | | | ADD | DROP |
| | | | | | ADD | DROP |
| | | | | | ADD | DROP |
| | | | | | ADD | DROP |
| | | | | | ADD | DROP |

ARE YOU WITHDRAWING COMPLETELY FROM SCHOOL? YES NO PROGRAM _____

HOW DID YOU PAY? VISA/MC _____ EXP DATE _____ FIN AID CASH CHECK

PAID BY COMPANY _____
NAME ADDRESS

 STUDENT'S SIGNATURE DATE PROGRAM ADVISOR'S SIGNATURE DATE

White / **REGISTRATION**
Yellow / **TUITION**
Pink / **STUDENT**
Revised 10/07