



1355 West Highway 10
Anoka, MN 55303

www.anokatech.edu

Add/Drop Form

Student Name _____ SSN# or Student ID _____
LAST FIRST MI

Address _____
STREET CITY STATE ZIP

Home Phone Number _____ Work/Cell Phone Number _____

Term: Fall Spring Summer Year _____

Course	ID#	Course Title	Start Date	# of 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/MasterCard Card Number _____ Exp. Date _____

Financial Aid Cash Check

Paid by Company _____ Address _____

Student Signature _____ Date _____

Program Advisor's Signature _____ Date _____

White / REGISTRATION

Yellow / TUITION

Pink / STUDENT