

Student ID Number/ Social Security Number

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Semester of Enrollment: Year 20_____

☐ Fall ☐ Spring ☐ Summer

Legal Name: Last: _____ First: _____ Middle Initial: _____

Previous Name (maiden): _____

Mailing Address: Street/P.O. Box: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Telephone: Home:(_____) _____ Cell:(_____) _____ Business:(_____) _____

If any of the information below has changed, please update.

Please indicate a degree or certificate:

- | | |
|--|---|
| <input type="checkbox"/> Associate of Arts Degree (AA) _____ | <input type="checkbox"/> Associate of Arts Degree – Elementary Education (AAEE) |
| <input type="checkbox"/> Associate of Science Degree (AS) | <input type="checkbox"/> Associate of Applied Science Degree (AAS) _____ |
| <input type="checkbox"/> Associate of Business Degree (ABUS) | <input type="checkbox"/> Certificate _____ |
| <input type="checkbox"/> Associate of General Studies Degree (AGS) | |

Please note: All students receiving Financial Aid must declare a program of study.

Financial Aid Recipients: It is the responsibility of the student to notify the Financial Aid office of any change in enrollment status.

Residence Hall students: A minimum of a 12 credits is required to live in the residence halls.

Adding and exchanging of classes is not permitted after the official add/drop period. See academic calendar for official dates.

Regular/Short Term Courses:

Students can request an official withdrawal during the first two-thirds of the class based on the beginning and end date as listed in the schedule of classes. During this period a student may withdraw regardless of reason and must initiate and complete the withdrawal request through the registration office. Instructor permission is not needed. During the final one-third of the course, if there are extenuating circumstances, a student can request an official withdrawal. The approval of both the instructor and division chair or program director will be required.

Open Entry/Open Exit Courses:

Students can request an official withdrawal based two-thirds of the days between the date of the registration and the last day of the semester. During this period a student may withdraw regardless of reason and must initiate and complete the withdrawal request through the registration office. Instructor permission is not needed. During the final one-third of the course, if there are extenuating circumstances, a student can request an official withdrawal. The approval of both the instructor and division chair or program director will be required.

Check One*: Add Drop		CRN (ex. 78911)	Course Number (ex. MAT082)	Course Name (ex. Basic Arithmetic)	Director/Division Signature Needed if approval is required for enrollment

Complete Withdrawal from Central Arizona College

☐ I would like to request a complete withdrawal from all courses. If I am withdrawing after the official add/drop week and prior to the last day to withdrawal, I understand that I will receive a grade of "W" which will be part of my permanent academic record and will appear on my student transcript. I am also financially responsible for the tuition and fees for these courses and for any other fees or fines I may have incurred, such as library fines, parking tickets, etc. It is my responsibility to contact the Business Office to resolve any outstanding financial obligations. Student transcript will not be released if there are any outstanding financial obligations owed to the College.

Reason for dropping (please check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Leaving the area/moving | <input type="checkbox"/> Dissatisfaction with the course/instructor | <input type="checkbox"/> Child Care | <input type="checkbox"/> Advice of Instructor/Advisor |
| <input type="checkbox"/> Difficulty of course(s) | <input type="checkbox"/> Dissatisfaction with services | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Change of Degree/Certificate | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Schedule/employment conflicts | <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Too many classes | |
| <input type="checkbox"/> Have you consulted a faculty member or an advisor regarding the above issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If you are receiving Financial Aid, an exit interview must be conducted by the Financial Aid Office.

Exit Interview Completed: ☐ Yes ☐ No Date: _____ Financial Aid Signature: _____

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student of Central Arizona College, I agree to abide by the rules and regulations of the College regarding conduct and other obligations.

Student Signature: _____ **Date:** _____

Advisor: _____

Max Hour Approval: _____