ID # _____

Date/Initials_____

OTTAWA UNIVERSITY
DROP/SECTION CHANGE FORM

Date: _____ Term: _____

Please Print

Social Security Number | Last Name | First | Middle Initial

DROP	DEPT	COURSE NO	COURSE TITLE	INSTRUCTOR	SEM HRS	NO OF CLASSES ATTENDED

(Failure to indicate number of classes attended could result in an incorrect refund calculation.)

Reason for Drop: _____

Use the SECTION CHANGE box *only* to change the section of a course in which you are already enrolled.

SECTION CHANGE	DEPT	COURSE NO	COURSE TITLE	OLD SECTION	NEW SECTION	NEW INSTRUCTOR

Instructions:

- Use the **DROP** box to drop or withdraw from a course. Add any replacement on an Enrollment Form.
- Use the **SECTION CHANGE** box only when changing to another section of the **same course.**
- Complete, sign and date the form and return with fee payment to the Office of the Registrar at the Phoenix site. Your authorizing signature is required. This form must be filled out completely in order for it to be accepted.

Effective Date:

- Any refunds or fee adjustments resulting from this transaction will be based upon the effective date.
- The effective date is the date of receipt by the Office of the Registrar in Phoenix.
- For earliest effective date, personally return or fax this form directly to the Office of the Registrar to our Phoenix site at 602-749-3181.
- You may also mail the form or return it with fee payment to our Mesa or Tempe site receptionists. This option, however, will delay your effective date, and may affect your fee adjustment since the transaction becomes effective only upon receipt in Phoenix.

Payment Information:

- There is a $20 fee for each course dropped and section changed. The fee payment should be submitted with this form.
- Any outstanding balances on your account will be deducted from your refund, if applicable.
- All refunds will be based upon the date of receipt in the Phoenix Office of the Registrar.

Method of Payment:

☐ Cash $	☐ Check $	☐ VOC Rehab	☐ VA
☐ Mastercard $	☐ Visa Card $	☐ Discover Card $	☐ AMEX $
Charge Card # :	Expiration Date:	***V-Code**: **(Last 3 digits on card back in signature panel – REQUIRED)**	

I accept responsibility for any balance unpaid or resulting from a returned check or credit card. I also understand that $25 will be charged to my account for returned check/s by the bank. I understand that failure to pay may result in my enrollment being dropped. I am in agreement with the charges shown and understand that applicable fees and other charges assessed in accordance with Ottawa University's published financial policies are due when the form is submitted.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract. A copy of this signed agreement is available upon request.

Student Signature *Date* *Ottawa University Registrar – Arizona* *Effective Date*