



AIB DROP/ADD FORM 2010 Fall

____ - ____ - ____
Student's Social Security Number

____/____/____
Today's Date

First Name Middle Initial Last Name

Bank Name
(____) _____ (____) _____
Work Phone Ext. Fax

E-mail

For Semester:

Fall 2010 (Registration: 8/2/10 – 8/16/10; Semester: 9/6/10 – 12/17/10)

****PLEASE NOTE: Drops/Adds for ABA eLearning Self-paced and ABA/AIB Instructor-led online courses are processed separately. Please contact us for more information.****

COURSES

MBC Course Code	Course Title	AIB Credit	D/A*	Tuition
*D=Drop, A=Add			TOTALS	

AGREEMENT

I have carefully read the MBC course schedule and policies and agree with all its policies regarding course registration, drops/adds, refunds, attendance, course fees, and Independent Study guidelines. I understand and will adhere to my institution's personnel policies regarding education, training, and development programs.

Student Signature: _____

Manager's Signature: _____

Manager's Name: _____

Manager's Phone Number: (____) _____

Manager's E-mail: _____

MBC Use Only: (Rev. 7/8/10)
DB Entry: ____/____/____
ID#: _____

FAX or MAIL to:
MBC Training/AIB
P.O. Box 228 • Roseville, MI 48066-0228 • (586) 784-4445
Fax: (586) 779-3715