



## Registration Adjustment Request

Name: Last	First	MI	S	Student ID Number	Date
Major	AUM Email	Semester	Part of Term:	<input type="checkbox"/> Full <input type="checkbox"/> 2 <sup>nd</sup> Half	<input type="checkbox"/> 1 <sup>st</sup> Half <input type="checkbox"/> Maymester

### (A) Drop/Add Class(es)/ Lab(s) after Last Day to Add has passed

(\*\*Instructor's signature required to add a class after last day to add has passed. See Academic Calendar\*\*)

<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature

If adding class(es)/lab(s) after being dropped for Non-Payment, Student Accounts signature is required.

Student has contacted Student Accounts to make arrangements to meet financial obligations.

Student Accounts Representative

Date

### (B) Swap a course(s)? Yes (Courses being swapped must be taught by the same college & must be equivalent in number of credit hours.)

From: \_\_\_\_\_ to \_\_\_\_\_  
CRN   Subject/Course No.   Credit Hrs      CRN   Subject/Course No.   Credit Hrs      Instructor's Signature (Required)

From: \_\_\_\_\_ to \_\_\_\_\_  
CRN   Subject/Course No.   Credit Hrs      CRN   Subject/Course No.   Credit Hrs      Instructor's Signature (Required)

### Signatures of Approval

Student \*: \_\_\_\_\_ Date: \_\_\_\_\_

Check all that apply:

Graduating this Semester  International Student  Student Athlete

**Financial Responsibility**  
\*By signing this form, you have elected to accept financial responsibility for charges incurred as a result of registration or otherwise receiving good and valuable services from Auburn University at Montgomery. The acceptance will be placed in your permanent academic record, and you may view your registration and charges incurred via your personal account in Webster Self-Service.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please ensure appropriate override codes are in Banner)      Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if 4 weeks after classes begin)

Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_ Assoc Provost: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if 2 weeks after classes begin)      (Required if 4 weeks after classes begin)