



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 nd Half	<input type="checkbox"/> 1 st 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					
<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add					
<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add					
<input type="checkbox"/>	<input type="checkbox"/>	CRN	Subject	Course No.	No. of Hours	**Instructor's Signature
Drop	Add					

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: _____
(Required if 2 weeks after classes begin)

Assoc Provost: _____ Date: _____
(Required if 4 weeks after classes begin)