



Registration Adjustment Request

Name: Last _____ First _____ MI _____ S _____
Student ID Number _____ Date _____

Major _____ AUM Email _____ Semester _____ Part of Term: ☐ Full ☐ 1st Half
☐ 2nd Half ☐ Maymester

(A) Request for Overload (Requires Advisor signature only)

☐ Attempt more than 18 hours in a semester (Undergraduate): Hours Requested _____

☐ Attempt more than 12 hours in a semester (Graduate): Hours Requested _____

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

(C) 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 - 2 weeks if half-term)

Dept Head: _____ Date: _____
(*Required if 2 weeks after classes begin - 1 week if half-term)

Assoc Provost: _____ Date: _____
(*Required if 4 weeks after classes begin - 2 weeks if half-term)