

Registration Adjustment Request

						S		
Name:	Last		First		MI		lent ID Number	Date
Major		AL	JM Email	Semester	Part of	Term:	Full 2 nd Half	1 st Half Maymester
(Δ) R	teaune	for Overload	(Requires Advisor sign	naturo only)				
(A) 13	cquest		than 18 hours in a		nderaraduate)· Hour	s Requested	
		•		•	•	,	•	
		Attempt more	than 12 hours in a	semester (G	raduate): Ho	urs Rec	questea	_
(B) Dr	op/Ad	d Class(es)/	Lab(s) after Las	t Day to Ad	d has passo	ed [(**Instructor's signature required to add a class after last day to add has passed. See Academic Calendar**)	
						L	last day to add has pa	sseu. dee Addenne dalendar y
Drop	Add	CRN	Subject	Course No.	No. of H	ours	**Instructor's Sigr	nature
Drop	Add	CRN	Subject	Course No.	No. of H	oure	**Instructor's Sign	nature
ыор	Add	ORIV	Gubject	Course No.	140. 01 11	ouis	mandotor a orgi	lature
Drop	Add	CRN	Subject	Course No.	No. of H	ours	**Instructor's Sign	nature
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Drop	Add	CRN	Subject	Course No.	No. of H	ours	**Instructor's Sigr	nature
(C) Swa	angeme	ents to meet fin	to	Swapped must be		ne college	e & must be equivalent	Date in number of credit hours.)
CR	RN Su	bject/Course No	o. Credit Hrs	CRN Sub	ject/Course No	. Credi	t Hrs Instructor's	Signature (Required)
From:			to	o				
CR	RN Su	bject/Course No	o. Credit Hrs	CRN Sub	ject/Course No	. Credi	t Hrs Instructor's	Signature (Required)
				·ianaturaa a	of America			
			3	Signatures o	or Approvai			
Student *:				Date:t Student A	respo	Financial Responsibility y signing this form, you have elected to accept financial sponsibility for charges incurred as a result of registration otherwise receiving good and valuable services from aburn University at Montgomery. The acceptance will be aced in your permanent academic record, and you may view ur registration and charges incurred via your personal count in Webster Self-Service.		
Advisor	(*Please	a ensura appropriate	Date:	De:	an: (*Required i	f 4 weeks	after classes begin - 2	
	(1 icase	. c.ioai o appi opi iati	. C. o		,			,
Dept He	ead:		Date: ter classes begin - 1 wee	Ass	soc Provost:			Date:
	(*Re	quired if 2 weeks af	ter classes begin - 1 wee	k if half-term)		(*Require	d if 4 weeks after class	es begin - 2 weeks if half-term)