

CREDIT COURSE REGISTRATION • ADD • DROP • AUDIT • WITHDRAW FORM

Please print clearly and complete all fields

AACC ID#

TERM: FALL (Aug.–Dec.) WINTER (Dec.–Jan.) SPRING (Jan.–May) SUMMER (May–Aug.) YEAR: _____

U.S. state where completing class(es) this term (i.e., MD, VA, RI, etc.): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ ZIP Code: _____ County: _____

Major: _____ Phone: _____ Email: _____
 Home Business Cell

| Action: Register, Drop, *Withdraw, Audit | Dept. | Course Number | Section Number | Title | Credit Hours | Start Date | Days of Week | Time | Location: (Arnold, AMIL, GBTC, CCPT, etc.) |
|--|-------|------------------|-------------------|---------------|-----------------|---------------|-----------------|-------------|---|
| Register | SAM | 111 | 001 | Sample Course | 3 | 8/28 | MWF | 9–9:50 a.m. | AMIL |
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***IF WITHDRAWING FROM A CLASS**

I confirm that I intend to stay enrolled and attend my other classes that have not yet started during this term.

I am not registered for or plan to drop my other classes that have not yet started during this term.

PAYMENT INFORMATION

Payment is due at time of registration. Payments can be made through MyAACC or at the cashier's office. Visit aacc.edu/costs-and-paying/credit-costs-and-payment/paying-your-bill for information on payment options. Students using Veterans benefits should contact the financial aid office upon registration.

I request the course(s) indicated above. By my signature, I acknowledge:

- My responsibility for payment of the tuition and fees generated by this registration. I understand that I must pay my bill or make arrangements to pay by the due date and that I am responsible for all charges unless I drop my classes by the last day to drop with a full refund as published in the Schedule of Classes.
- I understand that auditing or withdrawing may affect my ability to receive financial aid.
- I understand that I am responsible for the course(s) selected and understand how they apply toward my educational goal.
- By proceeding with this registration I agree to abide by the Academic Integrity Policy and all other college policies as cited in the College Catalog.
- I understand that attendance on the first scheduled meeting day of class is important for success.
- I understand that prior to registering each term I must indicate the primary location (U.S. state) where I will complete my class(es).

Student Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____