

## 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: \_\_\_\_\_

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

**\*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 [www.aacc.edu/tuitionfees/](http://www.aacc.edu/tuitionfees/) 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.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Adviser's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_