

**CREDIT COURSE REGISTRATION ♦ ADD ♦ DROP ♦ AUDIT ♦ WITHDRAW FORM**

**Please Print Clearly and Complete all Fields**

TERM:  FALL (Aug.-Dec.)  WINTER (Dec.-Jan.)  SPRING (Jan.-May)  SUMMER (May-Aug.) YEAR: \_\_\_\_\_

AACC ID#

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Major \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home  Business  Cell

Action: Register, Drop, *Withdraw, Audit	Depart- ment	Course Number	Section Number	Title	Credit Hours	Start Date	Days of Week	Time	Location (Arnold/MC, AMIL, GBTC, CCPT, etc.)
<i>Register</i>	<i>SAM</i>	<i>111</i>	<i>001</i>	<i>Sample Course</i>	<i>3</i>	<i>8/28</i>	<i>MWF</i>	<i>9-9:50 am</i>	<i>AMIL</i>

**\*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** \_\_\_\_\_