

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

Please Print Clearly and Complete all Fields

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

AACC ID#

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

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

Program of Study \_\_\_\_\_ 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.)
Register	ENG	111	010	Sample Course	3	8/28	MWF	9-9:50 am	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.
  - ✓ **RELEASE AUTHORIZATION:** I authorize the release of my education records for the above identified course(s) covered by contract to: Comcast and EdTech Institute.

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

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