



# REGISTRATION EXCEPTION FORM

For your convenience, we accept forms via email at [records@augusta.edu](mailto:records@augusta.edu). We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically, can be found at <https://www.augusta.edu/esignature/>.

The Registration Exception Form should only be used in cases where an overload is being requested or registration could not occur during the posted registration or add/drop periods listed on the academic calendar.

- All holds must be cleared by the department which placed the hold before a successful registration will be completed.
- Pre-requisite or special permissions must be entered by the department offering the course.

## PART 1: STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

## PART 2: REQUEST INFORMATION

Term:  Fall  Spring  Summer 20\_\_\_\_ Credit Hour Overload Request:  Yes  No Set Maximum Hours To: \_\_\_\_\_  
\*If requesting prior to end of Add/Drop, student will register through POUNCE when processed.

**Reason for Request:**

- |  |   |   |
|--|---|---|
| Academic – Failed Prerequisite<br>Accepted Late<br>Departmental Scheduling Issue | Departmental/Advising Error<br>Dropped for Non-Payment<br>Financial Aid | Mistakenly Dropped During Attendance Verification<br>Registered for Wrong Course/Hours<br>Withdrawing from the University |
|--|---|---|

Other: \_\_\_\_\_

**Courses to be Dropped:**

CRN										
Subject Code										
Course Number										
Credit Hours										
Audit Course	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Instructor Printed Name										
Instructor Signature										
Date										

**Courses to be Added:**

CRN										
Subject Code										
Course Number										
Credit Hours										
Audit Course	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Instructor Printed Name										
Instructor Signature										
Date										

## PART 3: REQUIRED SIGNATURES

Credit Hour Overload Requests only require Advisor approval.

Student Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Printed Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Printed Name: \_\_\_\_\_ Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Associate Dean Printed Name: \_\_\_\_\_ Dean/Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*TGS Dean/Vice Dean Printed Name: \_\_\_\_\_ TGS Dean/Vice Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required for Programs within The Graduate School