



Registration Exception Form

Office of the Registrar

Physical Address:
Summerville Campus
2500 Walton Way- Rains Hall
Augusta, GA 30904
T (706) 446-1430
registrar@augusta.edu

Mailing Address:
1120 15th Street, RAINS
Augusta, GA 30912

This form is only to 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.

Student Information: **Name:** _____ **Student ID #** _____

Semester: Spring Fall Summer 20__

Requesting Overload: Yes No **Set maximum hours to:** ____
If requesting prior to end of add/drop, student will register through POUNCE when processed.

Reason for adjustment:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accepted Late | <input type="checkbox"/> Registered for wrong course/hours | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Withdrawing from University | <input type="checkbox"/> Departmental/Advising Error | <input type="checkbox"/> Academic – Failed Pre-requisite(s) |
| <input type="checkbox"/> Departmental Scheduling Issue | <input type="checkbox"/> Mistakenly dropped by instructor during attendance verification | |
| <input type="checkbox"/> Dropped for non-payment | | |
| <input type="checkbox"/> Other _____ | Student Signature: _____ | |

<i>Courses to be Dropped</i>					
CRN					
Subject Code					
Course Number					
Credit Hours					
Audit Course Yes or No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructor's Printed Name					
Instructor's Signature					
Date					

<i>Courses to be Added</i>					
CRN					
Subject Code					
Course Number					
Credit Hours					
Audit Course Yes or No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructor's Printed Name					
Instructor's Signature					
Date					

If just requesting maximum hours, only the Advisor's signature is required.			
Approved By	Printed Name	Signature	Date
Advisor			
Department Chair/Program Director			
Dean			
TGS Dean ± when applicable			

± If your chosen major is located within The Graduate School in the [Augusta University catalog](#), the TGS Dean will need to sign.