



REGISTRATION EXCEPTION FORM

For your convenience, we accept forms via email at 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
Accepted Late
Departmental Scheduling Issue | Departmental/Advising Error
Dropped for Non-Payment
Financial Aid | Mistakenly Dropped During Attendance Verification
Registered for Wrong Course/Hours
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