



Office of the Registrar
1400 Coleman Avenue • 108 Langdale Hall, Macon, Georgia 31207-0001
Phone (478) 301-2494 • Fax (478) 301-2455

REGISTRATION FORM
(A separate form is required for each term)

NAME: _____			ID#: _____
Last	First	Middle	
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____			

Attention: Student must be advised before registration will be available. A hold that will block registration is in place before early registration begins. Your academic advisor must release this hold after you have been advised.

Please note: Check, and change as needed, the credit for variable credit courses. For S/U and Audit options you must submit the proper paperwork. Credit overloads and courses requiring permission of the instructor require signatures and in-person registration.

List below all courses and any alternate selections that have been approved by your advisor. Remember, it is your responsibility to follow the course plan that was approved by your advisor.

✓	COURSE/SECTION Example: CLA CHR 101.002 BUS MGT 363.002 MUS MUS 183.001 EGR MAE 462.002 EDU EDUC210.005	CREDITS	DAY AND TIME	INSTRUCTOR /DIRECTOR SIGNATURE GRANTING SPECIAL PERMISSION TO REGISTER (R), WAITLIST (W), OR AUDIT (AU), as indicated in next column	R or W or AU or SU Specify Below
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⇕ SPECIAL PERMISSION SIGNATURE

Total Credits →	
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★★★★ ALTERNATE COURSES ★★★★★

Student's Signature: _____

Advisor's Signature: _____

Date Advised: _____

Dean's Signature (required for all exceptions) _____

Date: _____