

Purpose:

All Registration should be completed in Registration Central: <https://vault.andrews.edu/registration/central>

Use this form to request registration changes which **cannot** be completed in Registration Central.

- Audit
- Time Conflict
- Overload (includes Academic Probation)
- Restrictions: Major, Campus

All holds must be cleared in order to register. If you have the following [holds](#), please contact the office(s) noted for clearance.

- Admissions (transcript) – undergrad@andrews.edu; graduate@andrews.edu
- Financial – sfs@andrews.edu
- Immigration – iss@andrews.edu
- Medical – studenthealth@andrews.edu

If you receive an error in Registration Central, the following errors can be overridden by the Advisor or Instructor through Vault:

<https://vault.andrews.edu/vault/goto/secure/registration/central/overrides>

- Course Reached Capacity
- Co-requisite
- Pre-requisite
- Repeat Course

When... Who... Where... to Submit?

- Use form before the registration deadline ([see abbreviated calendar](#)). After the registration deadline of the semester, the Registration Exception Request form will be required.
- May be started by the student or advisor.
- No fee will be charged for registration changes made *before* the registration deadline.
- The Registration Form must be completed, approved with all signatures, and submitted by the registration deadline date.
- Email completed form to academicrecords@andrews.edu

Please Note: Retain copies of all documents submitted. Allow 2 business days for processing from date received. Any communication will be sent to your AU email account.

Student Information & Term

Please email completed form to academicrecords@andrews.edu

Last Name:	First Name:	Andrews ID:	Term:	Year:
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Course Information

Add or Drop (mark one)	Subject & Course Number	Section	(CRN)	Course Title	Credits (<i>'AU' for Audit and include credits</i>)
Add Drop					
Add Drop					
Add Drop					
Add Drop					
Add Drop					
Add Drop					

Approvals Required

Signature	Date
Student:	
Advisor:	

Required for Audit and Time Conflict

(Instructor signature indicates agreement reached for conflicting courses)

Signature	Conflicting Course(s)	Date
Instructor:		
Instructor:		

Required for Restrictions

(campus, degree, major)

Signature	Date
Department Chair/Dean:	

Required for Semester Credit Overload

Signatures	Total Semester Credits	Date
Dean:		
Financial:		

Registrar's Office Use Only *(Sign and Date)*

____ Approved

____ Denied

Comments:

Date:

Signature: